

ALBANY COUNTY SCHOOL DISTRICT #1

1958 Grand Avenue
Laramie, Wyoming 82070

MEDICAL RELEASE FOR SCHOOL

For Current Medical Illnesses, Conditions, Surgery and Injuries
Requiring Restricted School Activities

To facilitate meeting the medical needs of your student during and/or following an injury, surgery, or major medical illness or condition, it is requested that your child's physician PRIOR to your child's attendance at school complete this form.

Child's Name _____ School _____ Grade _____

TO BE COMPLETED BY PHYSICIAN:

Diagnosis: _____

This child may return to the school setting with the following recommendations and/or restrictions:

(Please check those that are appropriate)

ATTENDANCE: Full Time _____ A.M. only _____ P.M. only _____

ACTIVITY: No Restrictions (full participation in PE and/or Recess) _____
Upper body work only _____
Lower body work only _____
P.E/ Recess Restricted to these specific activities _____

Please circle the activities that the child CANNOT participate in:

Running Jumping Stair Climbing Marching Band
Cheerleading Basketball Football Track Soccer Wrestling
Volleyball Gymnastics Swimming Other (Specify): _____

AMBULATION: Crutches _____ Full Weight Bearing (Rt. Lt.) _____
Partial Weight Bearing (Rt. Lt.) _____
Non Weight Bearing (Rt. Lt.) _____
Wheel Chair _____
Orthotics _____

LENGTH OF RESTRICTIONS: From _____ to _____
Date Date

OR (Specify) _____
(i.e. for 2 weeks, until return appointment on date xx/xx/xx)

Physician's Signature: _____ **Date:** _____

For School Use Only Copies to:
____ Nurse ____ SS Case Manager
____ P.E. ____ Administration
____ Counselor ____ Teacher(s)