

# Clearance for Crutches, Casts, Splints or Orthopedic Boots

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Students returning to school following an injury or surgery that requires the use of crutches, casts, splints, or orthopedic boots, **must** submit this form completed by their treating healthcare provider (physician, advanced practice nurse, physician's assistant, or MPS trainer).

**Students will not be allowed to return to school without this clearance form or a similar office note completed by their treating healthcare provider.**

It is expected that parents/guardians will accompany their child to the nurse's office either with this completed form on the day the student returns to school.

**To be completed by student's treating healthcare provider:**

Name of student \_\_\_\_\_ Birthdate \_\_\_\_\_

Diagnosis \_\_\_\_\_

Name of medical device \_\_\_\_\_

Reason for medical device \_\_\_\_\_

Limitations (including weight bearing instructions) \_\_\_\_\_

Duration student will need device (beginning and ending dates) \_\_\_\_\_

Accommodations required (ice, assistance with books, use of building elevator, etc.) \_\_\_\_\_

Gym excuse or recess excuse (beginning and ending dates) \_\_\_\_\_

I verify that this student has been trained in the safe use of the device(s), including use on stairs and uneven surfaces.

Medical provider's signature \_\_\_\_\_

Medical provider's printed name \_\_\_\_\_

Medical provider's phone number \_\_\_\_\_

Date \_\_\_\_\_