

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

School

**READMITTANCE OF PUPILS WITH ACE BANDAGES, SUTURES, BRACES,
CASTS, CRUTCHES, WHEEL CHAIRS, AND OTHER AMBULATORY ASSISTED
DEVICES**

Dear Parent or Guardian,

We wish to have your child _____ Grade _____ return to school as soon as possible.

In this regard you should know the school district regulations regarding the readmittance to school of pupils with ace bandages, sutures, braces, casts, crutches, wheel chairs, and other ambulatory assisted devices.

- ◆ ADMINISTRATIVE GUIDE 2312-6: Children wearing braces, casts or using crutches, wheel chairs, and the like, shall be permitted to attend school only on written permission of the physician in charge of the case.

(If the principal feels that the school environment constitutes too great a hazard, the pupil may be referred to the school physician for a readmission evaluation.)

Please have your child's physician complete the information below.

Student name _____ Birth date _____ Grade _____

Diagnosis/description of problem _____

May return to school on _____

Will return to school with: Ace bandage Suture Brace Cast Crutches
 Wheel chair Other device _____

Duration of limitation: _____

Recommendation for activities (Physical education restrictions) _____

Physician Signature _____ Date _____

Print Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip code _____

I give permission for my child _____ to return to school under the conditions described above.

Parent signature

THIS FORM IS REQUIRED FOR READMITTANCE TO SCHOOL