



ORTHOPEDIC ACCOMMODATIONS

Name: _____

Date: _____

Diagnosis: _____

Please allow the use of the following during school hours (Please include end date):

- Crutches until: _____
- Brace/Cam until: _____
- Walker/Boot until: _____
- Sling until: _____
- Other _____

For students with lower limb injuries, **BOTH** criteria need to be met to return to school:

- This student is able to bear weight in an emergency school evacuation/drill.
- This student is trained and capable of using the stairs with crutches and/or orthopedic equipment listed above.

Other Accommodations:

- Excuse from PE/Sports until _____
 - Allow to return to PE/Sports on _____
 - Allow extra time between classes until _____
 - Allow student to walk with a buddy between classes until _____
 - Other: _____
- _____
- _____

Physician Signature: _____

Physician Stamp: