



# Release to Return to School

Health, Family and Community Services  
Columbus Ohio 43215

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

**To be completed by Healthcare Provider:**

Date Discharged/Office Visit: \_\_\_\_\_

Student may return to school on \_\_\_\_\_ with the following restrictions:

- \_\_\_\_\_ May return to all activities **without** restriction
- \_\_\_\_\_ No physical activities, including physical education and recess until released with a written statement by a Healthcare Provider (Physician/APN/PA).
- \_\_\_\_\_ \* Total non-weight bearing of affected extremity
- \_\_\_\_\_ Non-weight bearing except for toe touch with affected extremity for balance
- \_\_\_\_\_ May return to activities with the following restrictions:

**NO:** \_\_\_ jumping \_\_\_ climbing \_\_\_ running \_\_\_ crunches \_\_\_ squats \_\_\_ contact activities/sports  
\_\_\_ recess OTHER: \_\_\_\_\_

- \_\_\_\_\_ Student is to use crutches and has demonstrated competency
- \_\_\_\_\_ Student is to use \_\_\_\_\_ (specify device; cast, boot, etc) until \_\_\_\_\_ date.
- \_\_\_\_\_ Student may use stairs/steps

**Other Limitations:** \_\_\_\_\_

**Follow up appointment is:** \_\_\_\_\_.

**Healthcare Provider Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(must have prescriptive authority e.g. MD/DO/APN/PA)

Office Stamp or Address, Phone and FAX numbers

**\* Student may not return to school until approved to at least toe touch for balance. Students who are total non-weight bearing for injury recovery may not be able attend school. Please contact the school nurse for further information.**

**Please return completed form to the Licensed School Nurse - School FAX: 614-365-\_\_\_\_\_**