

## Post-Procedure Instructions for School

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Procedure: \_\_\_\_\_ Date: \_\_\_\_\_

May return to:  Full Participation in all activities, without any adaptations.

Limited participation (with the following adaptations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Not cleared for school attendance.

### Special Instructions:

Signs and symptoms to observe and report: \_\_\_\_\_

\_\_\_\_\_

Recommendation for equipment (to be provided by the parent): \_\_\_\_\_

\_\_\_\_\_

Medications (or other treatments) that may need to be taken during school: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Provider's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_