

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: _____

Provider's Name: _____ Phone: _____

Address: _____

Signature: _____