



TOMS RIVER REGIONAL SCHOOLS

USE OF CRUTCHES ON SCHOOL PROPERTY

Date: _____

_____ has been authorized by me to use crutches.
(Student's name)

He/she has received training in the use of crutches, particularly on stairs.

Anticipated length of time on crutches and out of gym _____.

May use school elevator (if available) while on crutches.

Dr. Signature and Stamp

I have received and read the district's policy for use of crutches on school property.

Parent/guardian signature