



Toms River Regional Schools

STUDENTS RETURNING TO SCHOOL FOLLOWING AN ACCIDENT, INJURY, HOSPITALIZATION OR HOME INSTRUCTION

In order for the school nurse to provide appropriate follow-up treatment and accommodations, the following information is required when a student returns to school after an accident, birth of a child, injury, hospitalization, or home instruction.

Name of Student: _____

Grade: _____ **Date:** _____

Absent from school _____ **through** _____

Diagnosis/Injury: _____

Student may Participate in Physical Education / Sports: **YES:** _____ **NO** _____

Student may Participate in Physical Education / Sports on: _____

Student will need the following accommodations at school: _____

PHYSICIAN'S STAMP

Physician's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Date received by School Nurse / Initials _____