

LOS ANGELES UNIFIED SCHOOL DISTRICT
Office of the Chief Medical Director

School**READMITTANCE OF PUPILS WITH ACE BANDAGES, SUTURES, BRACES,
CASTS, CRUTCHES, WHEELCHAIRS, AND OTHER AMBULATORY
ASSISTED DEVICES**

Dear Parent or Guardian,

We wish to have your child _____ Grade _____ return to school as soon as possible.

In this regard you should know the school district regulations regarding the readmittance to school of pupils with ace bandages, sutures, braces, casts, crutches, wheelchairs, and other ambulatory assisted devices.

- ♦ ADMINISTRATIVE GUIDE 2312-6: Children wearing braces, casts or using crutches, wheelchairs, and the like, shall be permitted to attend school only on written permission of the physician in charge of the case.

(If the principal feels that the school environment constitutes too great a hazard, the pupil may be referred to the school physician for a readmission evaluation.)

Please have your child's physician complete the information below.

Student name _____ Birth date _____ Grade _____

Diagnosis/description of problem _____

May return to school on _____

Will return to school with: Ace bandage Suture Brace Cast Crutches

☐ Wheelchair ☐ Other device _____

Duration of limitation: _____

Recommendation for activities (Physical education restrictions) _____

Physician Signature _____ Date _____

Print Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip code _____

I give permission for my child _____ to return to school under the conditions described above.

Parent signature**THIS FORM IS REQUIRED FOR READMITTANCE TO SCHOOL**

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES
Oficina del Director Médico General

Escuela

**PERMISO DE READMISIÓN A LA ESCUELA PARA LOS ESTUDIANTES CON
DISPOSITIVOS AMBULATORIOS COMO VENDAS, SUTURAS, APARATOS
ORTOPÉDICOS, YESOS, MULETAS, SILLAS DE RUEDAS Y OTROS DISPOSITIVOS**

Estimado padre, madre o tutor:

Deseamos que su hijo(a) _____ del _____ grado vuelva lo más pronto posible a la escuela.

Con respecto a ello, deseamos informarle sobre los reglamentos del distrito sobre el permiso de readmisión a la escuela para los estudiantes con dispositivos ambulatorios como vendas, suturas, aparatos ortopédicos, yesos, muletas, sillas de rueda y otros dispositivos.

◆ GUÍA ADMINISTRATIVA 2312-6: A los niños que deban utilizar aparatos ortopédicos, yesos, muletas, sillas de rueda etcétera, sólo se les permitirá asistir a la escuela mediante autorización escrita del doctor a cargo del caso.

(Si el director opina que el ambiente escolar presenta un peligro demasiado grave para el estudiante, podrá recomendar que el médico escolar vuelva a evaluar al alumno para que vuelva a evaluar su admisión a la escuela).

Sírvase solicitar al médico de su hijo(a) que llene la información que requerimos a continuación.

Student name _____ Birth date _____ Grade _____

Diagnosis/description of problem _____

May return to school on _____

Will return to school with: Ace bandage Suture Brace Cast Crutches

☐ Wheelchair ☐ Other device _____

Duration of limitation: _____

Recommendation for activities (Physical education restrictions) _____

Physician Signature _____ Date _____

Print Physician Name _____ Phone _____

Address _____ City _____ State _____ Zip code _____

Doy mi autorización para que mi hijo(a) _____ regrese a la escuela
conforme a las condiciones descritas arriba.

Firma del padre o de la madre

**SE REQUIERE ESTE FORMULARIO PARA QUE
EL (LA) ESTUDIANTE SEA READMITIDO(A) A LA ESCUELA**