

BURBANK UNIFIED SCHOOL DISTRICT
Department of Student Services
Health Services
STUDENT CLEARANCE TO RETURN TO SCHOOL
(From any hospitalization/medical procedure, including sutures or staples)

TO BE COMPLETED BY A LICENSED PHYSICIAN:

I recommend that

Student's name

Grade

Room

return to school on

Date

DIAGNOSIS

My recommendation for activity or restrictions are:

Date restricted from

through

Physician's Signature

Please **Print** Name

Address

Date

Telephone

TO BE COMPLETED BY PARENT OR GUARDIAN:

I request permission for my son/daughter
to return to school under the conditions described by the physician.

Please **Print** Parent's or Guardian's Name

Date

Parent's or Guardian's Signature

California Education Code 48221 states:

Student returning to school following an injury **MUST** have written authorization from their doctor/health care clinic allowing them to wear or use the following:

Cast, crutches, sling, brace, Ace bandage, or sutures.

The doctor/healthcare clinic must also state any restrictions necessary for the safety of your child while at school.

This also includes any ongoing wraps or braces for P.E.

Thank you
Health Office