



ADMINISTRATIVE MEMORANDUM

To: Principals
Nurses

From: Mervin B. Daugherty, Ed.D.
Superintendent

Subject: Students Returning to School Following an Accident, Birth of a Child, Injury, or Hospitalization

In order for the school nurse to provide appropriate follow-up treatment and accommodations when a student returns to school after an accident, birth of a child, injury, or hospitalization, a Students Returning to School Following an Accident, Birth of a Child, Injury, or Hospitalization form (attached) is required.

The student/parent is responsible for communicating with the teachers when a student is absent from school due to one of the reasons noted in this administrative memorandum. The student is responsible for making up assignments/tests/homework missed during his/her extended absence from school, unless the student is approved for homebound.

A student's readmission/entry to a school after an accident, birth of a child, injury, or hospitalization will be subject to receipt of the attached form.

Questions about the information contained in this administrative memorandum should be directed to the Assistant Superintendent of Special Services.

Authorizing Code(s): Red Clay Consolidated School District Board of Education Policy 8001
Office(s) Responsible: Assistant Superintendent of Special Services
Last Issued: 10/08/2010
Last Revised: 02/02/2009
Attachment(s): Red Clay Consolidated School District Students Returning to School Following an Accident, Birth of a Child, Injury, or Hospitalization form



Red Clay Consolidated School District

STUDENTS RETURNING TO SCHOOL FOLLOWING AN ACCIDENT, BIRTH OF A CHILD, INJURY, OR HOSPITALIZATION

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, or hospitalization. Please note: Exemptions from Physical Education for longer than 1 day require a physician's signature.

Student _____ Date _____

Absent from school _____ through _____

Diagnosis / Injury _____

Medications _____

Student may participate in Physical Education / Sports _____ yes _____ no

Student may resume Physical Education / Sports on _____

Student will need the following accommodations at school _____

Student has the following physical limitations _____

Doctor Signature _____ Date _____

Parent Signature _____ Date _____

Date received by School Nurse / Initials _____