

LOS ANGELES UNIFIED SCHOOL DISTRICT  
Student Health and Human Services

\_\_\_\_\_  
School

**READMITTANCE OF PUPILS WITH ACE BANDAGES, SUTURES, BRACES,  
CASTS, CRUTCHES, WHEEL CHAIRS, 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, wheel chairs, and other ambulatory assisted devices.

- ◆ ADMINISTRATIVE GUIDE 2312-6: Children wearing braces, casts or using crutches, wheel chairs, 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  
   Wheel chair    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

DISTRITO ESCOLAR UNIFICADO DE LOS ÁNGELES  
Oficina para la Salud Estudiantil y los Servicios Humanos

\_\_\_\_\_  
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  
   Wheel chair    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**