CANTALICIAN CENTER
Exceptional People. No Exceptions.

MEDICAL CLEARANCE – RETURN TO SCHOOL

Name: _____ DOB: _____

The above named child was seen in the office and/or had a procedure on _____ and will be:

- ❒ Released to return to school, resuming all OT, PT, Speech and Physical Education services with NO restrictions on _____
- ❒ Released to return to school, resuming all OT, PT, Speech and Physical Education services with the following RESTRICTIONS on: _____
    - ❒ Weight bearing status: UE/LE_____
    - ❒ ROM status: UE/LE _____
    - ❒ Ambulation status: _____
    - ❒ ADL status: _____
    - ❒ Other: _____
- ❒ Post-Op/Follow-up Protocol:
    - ❒ Stretching (note affected body part and type) _____
    - ❒ Need for further splinting/casting: responsibility of the: (circle)

  school therapist outpatient therapist Type (prescription attached): _____
- ❒ Child may return to school resuming the previous medication(s)/feeding orders.
- ❒ Child may return to school with the following medication(s)/feeding order CHANGES:

  _____

Additional comments/recommendations: _____

_____

Physician Signature: _____ Date: _____

Physician Name (Printed): _____ License #: _____

Address: _____ Telephone: _____

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