

CHAPEL EN LE FRITH C OF E PRIMARY SCHOOL

RETURN TO SCHOOL FOLLOWING A FRACTURE/OPERATION/SERIOUS ILLNESS

| | |
|---|-------------------------------|
| Pupil Name: | Class: |
| Details of injury/illness etc: Left side / Right side (please delete) | |
| Have you received medical confirmation that the child is fit to return to school? YES / NO (please delete) | |
| Is the child able to participate in PE lessons? | YES/NO (please delete) |
| If not, how long for? | Weeks |
| Is the child able to go outside during breaktimes / lunchtimes? YES / NO (please delete) | |
| If not, how long for? | Weeks |
| Do you have any follow-up medical appointments? | YES/NO (please delete) |
| If yes, when? | |
| Has the child been given any pain relief which they may need to have during the school day? YES/NO (please delete) | |
| If yes, please complete an Administration of Medication Form. | |
| Any further relevant information? | |
| SIGNED: Parent/Guardian | Date: |