LAS VIRGENES UNIFIED SCHOOL DISTRICT
HEALTH OFFICE

PERMISSION TO ATTEND SCHOOL WITH CAST, CRUTCHES, SUTURES OR OTHER MEDICAL APPLIANCE

Dear Parents:

This form is to be completed and signed by you and your family physician prior to readmitting your student to school following an illness or injury in which a medical appliance is part of the rehabilitation process.

I hereby give my permission for my child _____
(Name)

to attend Agoura High School. Grade _____ with _____cast,

_____crutches, _____sutures, or _____.
(Please indicate which)

1. I understand that the principal or designee may require my child to remain in the office or other supervised area at certain times during the school day if deemed necessary for his/her safety or the safety of others.

_____ _____
Signature of Parent or Guardian Date

2. Should it rain while on crutches your child is not to come to school unless you sign the waiver below which relieves the school of liability. I hereby request that my child be allowed to come to school on crutches even though I understand that there are hazards which may result in injury on campus. The school will not be held liable if an injury occurs.

_____ _____
Signature of Parent or Guardian Date