LA MESA-SPRING VALLEY SCHOOLS

ORTHOPEDIC/MEDICAL EQUIPMENT ORDERS FOR SCHOOL

	Today's Date:
Student's Name:	DOB:
Diagnosis:	
Release to return to school on (date):	
ORTHOPEDIC EQUIPMENT AT SCHOOL	
Please check and/or comment on the following, as applicable:	
□ External support: □ Wheelchair □ Crutches	U Walker U Other
 Weight bearing status: Non-weight bearing Weight bearing as tolerated 	 Partial weight bearing Full weight bearing
Immobilization:	
Length of time in cast:	
Follow-up evaluation in:	
Expected level of discomfort:	
 Pain medication required at school (Physician must complete Medication form) 	
PE Restrictions: (if >10 days, Physician must complete "Physical Education Modifications for Injury or Illness" form)	
OTHER EQUIPMENT AT SCHOOL:	

Additional Comments/Concerns:

The district nurse is required to reach the prescribing physician to clarify above orders, when necessary, in order to accommodate the student's special need. Changes in student ability may require renewal of these written instructions.

Physician's Signature

Date

Physician's Printed Name or Stamp