

Saugus Union School District

24930 AVENUE STANFORD, SANTA CLARITA, CALIFORNIA 91355
661-294-5300 / WWW.SAUGUS.K12.CA.US

READMISSION TO SCHOOL AFTER OUTSIDE MEDICAL SERVICES

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Room: _____

ATTENTION PARENT or LEGAL GUARDIAN

Please check the Student Emergency Card on file in school office to make sure all information is current and correct. Fill out a new card if necessary.

PHYSICIAN'S STATEMENT Date of Injury of Illness: _____

Type of illness or injury: _____

Diagnosis: _____

Approximate duration of illness: _____

Recommendation regarding student's physical activity while at school:

Restricted Activity Confine Indoors No Restrictions

Explanation of restricted activity: _____

Is this student required to use a wheelchair, cast, crutch, splint, or other appliance including dental appliances? Please specify

Physician's Signature: _____

Date: _____ Telephone: _____

Date

Signature of Parent/Legal Guardian