



### INJURY

This student reported an injury today. I recommend you look at it and follow up with a medical provider for further evaluation. The school can only administer first aid. Continuing responsibility will be assumed by the parent/guardian. The following are suggestions for adjustments requested to support the student's recovery.

Please call with any concerns or questions.

Thank you,

School Nurse  
RCK Health Office  
Phone: 845-298-5100 x31023  
Fax: 845-298-5055

**Patient Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date of Evaluation:** \_\_\_\_\_

#### Accommodations

- Please allow student to leave class early from class
- May have a helper
- May use elevator
- May use crutches/boot
- \_\_\_\_\_

#### Physical Education/Sports

- No gym/sports until reassessed
- Able to fully participate in gym/sports
- \_\_\_\_\_

**Ending of Recommendations:**  1 week  2 weeks  \_\_\_\_\_  Until further notice

**The patient will be reassessed for revision of these recommendations on** \_\_\_\_\_

Provider Name _____	Provider Role: <input type="checkbox"/> MD/DO <input type="checkbox"/> PA <input type="checkbox"/> NP
Signature _____	Date _____
Office Phone _____	Office Fax _____
Stamp:	

The mission of the Wappingers Central School District is to empower all of our students with the competencies and confidence to challenge themselves, to pursue their passions, and to realize their potential while growing as responsible members of their community.



■ *The mission of the Wappingers Central School District is to empower all of our students with the competencies and confidence to challenge themselves, to pursue their passions, and to realize their potential while growing as responsible members of their community.*