

Sutton Coldfield Grammar School for Girls
Medical record for students with mobility issues

Student's name:

Date of birth:

Nature of injury/issue:

Can the student put any weight on the affected limb?

For how long, approximately will the student be required to use crutches/walking aids?

Can the student safely negotiate stairs?

Does the student require any additional medication? (If so, parents will need to complete the relevant pro-forma to hand in at the school's reception).

Will the student need to attend any follow-up appointments e.g. fracture clinics/physio etc?

Any other pertinent information:

Declaration

I confirm that a medical practitioner has been consulted and has confirmed that my daughter/dependent is fit to return to school.

Parent/Guardian Signature.....

Parent/Guardian name..... Date.....