|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **DOB:** |  |
| **Address:** |  |
| **School:** |  | **Year Group:** | Year 3 |
| **Date of accident:** | Click here to enter a date. | **History of injury:** |  |
| **Injury/injuries:** | Limb | Pelvis/ Back |  | Other |
| None  | **Back injury** | No |  |
| **Summary** |   |
| **Aftercare:**  | **Plan: Review by surgeons** |
| **Medication:**  | Medication: | What for? | Required at school: |
| **Pain relief (paracetamol)** |  | **Maybe required** |
|  |  |  |
| Any other comments: |
| **Psychosocial:** |   |
| **Thinking Skills:** |  |
| **Walking Advice:** | walking independently | **Walking Aid:** | None  |
| **Walking short distances:** | Walking independently  | **Walking long distances:** |  |
| **Additional comments:**  |  |
| **Stairs:** |  |
| **Personal care/toilet:** | Accessing a standard toilet independently  | **Additional comments:** |
| **Transport to school** |  | **Advice:** |
| **Recommendations for school:** | Can return to school fulltime:Yes[x]  No [ ] Phased return over:  | **Individual advice:**  |
| Lessons moved to ground floor [ ] Hall Pass [x] Lift Pass [x] Buddy System [x]   |
| **Recommendations for return to PE:** |  | Other: |
| **Signed:** |  | **Date:** |  |
| **Key contacts:** | Choose an item. |
| Consent for fit note to be forwarded directly to SENCO and school nurse[x]  |