|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 No  Phased return over: | | **Individual advice:** | | | | | | | |
| Lessons moved to ground floor  Hall Pass  Lift Pass  Buddy System | |
| **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 | | | | | | | | | | | |