



ST AUGUSTINE'S RC HIGH SCHOOL



FIT TO ATTEND SCHOOL FOLLOWING INJURY

Pupil Name _____ DoB _____

Nature of current injury _____

Date occurred _____

I _____ (parent / carer) confirm that my son/daughter _____ has been medically assessed by GP/Hospital/Nurse* (*please circle) and informed that they are medically fit and safe to attend school.

Please tick as appropriate.	Yes	No	Comment / Support Required
<i>Is medically fit and safe to attend school</i>			
<i>Can use the toilet without help</i>			
<i>Can move around school unaided</i>			
<i>Can use the school stairs</i>			
<i>Requires a laptop (when available)</i>			
<i>Is safe to be on the school yard at break and lunch times</i>			
<i>Transport arrangements (safe to use the school bus)</i>			

I acknowledge that there may be difficulties with my child attending school but wish them to do so and fully accept all responsibility should any incidents occur which are related to their present condition.

Signed _____ (Parent /Carer)

Date _____