



Dr. Robert J. Andrzejewski, Superintendent
Red Clay Consolidated School District
4550 New Linden Hill Road, Wilmington, DE 19808
(302) 552-3702/03 Phone • (302) 992-7830 Fax

Administrative Memorandum

TO: ADMINISTRATORS
FROM: ROBERT J. ANDRZEJEWSKI, ED.D.
**SUBJECT: STUDENTS RETURNING TO SCHOOL FOLLOWING ACCIDENT,
BIRTH OF A CHILD, INJURY, OR HOSPITALIZATION**

In order for the school nurse to provide appropriate follow-up treatment and accommodations when a student returns to school after an accident, birth of a child, injury, or hospitalization, submission of the attached form is required.

The student/parent is responsible for communicating with the teachers when a student is absent from school due to one of the reasons noted in this memorandum. The student is responsible for making up assignments/tests/homework missed during his/her extended absence from school.*

A student's readmission/entry to a school after an accident, birth of a child, injury, or hospitalization will be subject to receipt of the attached form.

*Unless student is approved for homebound.

Authorizing Code(s): Board Policy JED
Date Issued: 02/05/2009
Office(s) Responsible: Assistant Superintendent for Schools
Attachment(s): Students Returning to School Following Accident, Birth of A Child, Injury, or Hospitalization form



Red Clay Consolidated School District
4550 New Linden Hill Rd
Wilmington, DE 19808
302-552-3700

**STUDENTS RETURNING TO SCHOOL
FOLLOWING ACCIDENT, BIRTH OF A CHILD, INJURY OR
HOSPITALIZATION**

In order for the school nurse to provide appropriate follow-up treatment and accommodations, the following information is required when a student returns to school after an accident, birth of a child, injury or hospitalization. Please note: Exemptions from Physical Education for longer than 1 day require a physician's signature.

Student _____ Date _____

Absent from school _____ through _____

Diagnosis / Injury _____

Medications _____

Student may participate in Physical Education / Sports _____ yes _____ no

Student may resume Physical Education / Sports on _____

Student will need the following accommodations at school _____

Student has the following physical limitations _____

Doctor Signature _____ Date _____

Parent Signature _____ Date _____

Date received by School Nurse / Initials _____