

PUTNAM  
NORTHERN  
WESTCHESTER

BOCES



## Board of Cooperative Educational Services

Putnam Northern Westchester  
200 BOCES Drive  
Yorktown Heights, NY 10598-4399  
(914) 248-2270 FAX (914) 245-2427

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**PUTNAM NORTHERN WESTCHESTER BOCES  
SPECIAL EDUCATION DEPARTMENT**

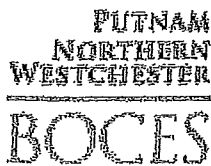
Dear Parent,

In interest in keeping your child safe and healthy after any medical procedures and/or any injuries, please have the attached form completed by your child's doctor.

Please note that this documentation is needed **prior** to your child's continuation of OT/PT services. Please send this documentation to PNW BOCES. Thank you.

Sincerely,

The OT/PT Department



Putnam/Northern Westchester BOARD OF COOPERATIVE EDUCATIONAL SERVICES

200 BOCES Drive Yorktown Heights, NY 10598-4399 Walden School (914) 248-2270 FAX (914) 245-2427

Dear Physician:

In an interest to keep the below mentioned student safe and healthy after medical procedures and/or injuries we request that this form be completed. This form must be filled out and returned to the school nurse in order for the student to return to school. The student will not be permitted to engage in school related activities and/or OT/PT services, until it is completed.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Type of Injury/ Diagnosis: \_\_\_\_\_

\_\_\_\_\_ Able to Return to School On: \_\_\_\_\_ or \_\_\_\_\_ not able to Return to school

Orthotic Device (provided by MD or parent):

\_\_\_\_\_ Ace Bandage \_\_\_\_\_ Cast \_\_\_\_\_ Crutches \_\_\_\_\_ Wheelchair Other: \_\_\_\_\_
\_\_\_\_\_ Sling \_\_\_\_\_ Cane \_\_\_\_\_ Splint \_\_\_\_\_ Walker

Weight Bearing Status on affected Limb:

\_\_\_\_\_ NWB \_\_\_\_\_ WBAT \_\_\_\_\_ PWB \_\_\_\_\_ FWB \_\_\_\_\_ other: \_\_\_\_\_

Physical Education:

\_\_\_\_\_ the student cannot participate in PE until: \_\_\_\_\_
\_\_\_\_\_ the student can participate in PE classes

Swimming:

\_\_\_\_\_ the student cannot participate in swimming
\_\_\_\_\_ the student can participate in swimming

Playground/ Recess:

\_\_\_\_\_ the student cannot participate on playground/recess activities
\_\_\_\_\_ the student can participate on playground/recess activities

Related Services (If Applicable):

\_\_\_\_\_ the student can resume OT/PT services without restrictions or with the above noted restrictions
\_\_\_\_\_ the student cannot resume OT/PT services until: \_\_\_\_\_

Signature of Physician/Physician's Assistant/Nurse Practitioner (Must be original signature)

Date