

**SCHOOL DISTRICT OF FLAGLER COUNTY POLICY FOR
STUDENTS USING ASSISTIVE DEVICES AND OTHER SUPPORT
DEVICES WHILE AT SCHOOL**

Policy:

The Flagler County School District policy requires "authorization" by a physician or relevant licensed health care practitioner (chiropractor, advanced registered nurse practitioner, certified athletic trainer, physical therapist, physician assistant), if a student comes to school with an assistive device or other supportive device, following an injury or surgical procedure.

The policy also requires a physician or appropriate licensed health care professional to instruct the parent and student on the usage of the assistive device. The form must be complete with the signature of the parent or guardian. The School District of Flagler County "authorization form" must be presented to the school nurse upon return to school.

**SCHOOL DISTRICT OF FLAGLER COUNTY AUTHORIZATION
FOR STUDENT TO USE ASSISTIVE DEVICES OR OTHER
SUPPORT DEVICES WHILE AT SCHOOL**

NOTE: SCHOOL BOARD POLICY REQUIRES:

A Physician's or relevant licensed healthcare practitioner's authorization if a student comes to school with an assistive device or other support device following an injury or surgical procedure.

AUTHORIZATION (To be completed by Physician or Practitioner)

Student's Name _____ School _____ Date of Birth _____

The above student is under my medical supervision and has been instructed on the use of this assistive device. I have ordered the use of _____ due to:

Approximate Length of Treatment _____

Physician or Authorized Signature _____ Date _____

Address _____

PARENT/GUARDIAN PERMISSION

I hereby request that my child be allowed to use an assistive device or other support device while in school and away for school activities.

Parent/Guardian
Signature _____

TO BE COMPLETED BY PARENT/GUARDIAN:

Parent/Guardian's Name _____ Address _____

Home Phone Number _____ Cell Phone Number _____

Work Phone Number _____ Emergency Phone Number _____

School Nurse Signature/ Authorized School
Personnel _____ Date _____

SCHOOL SHOULD RETAIN THIS FORM IN THE STUDENT'S PROFESSIONAL TREATMENT RECORD