

WALWORTH COUNTY CHILDREN WITH DISABILITIES EDUCATION BOARD

LAKELAND SCHOOL

W3905 COUNTY ROAD NN | ELKHORN, WI 53121

PHONE - (262) 741-4118 FAX - (262) 741-4135

**FOLLOW-UP CARE FOR STUDENT RETURNING TO SCHOOL  
FROM SURGERY OR EXTENDED HOSPITAL CARE**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Return to school on \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Reason for hospital / surgical procedure: \_\_\_\_\_

\_\_\_\_\_

Feeding restrictions or alterations to diet: \_\_\_\_\_

\_\_\_\_\_

Can the student resume:	PT	<input type="checkbox"/> Yes	<input type="checkbox"/> With Restrictions _____	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	OT	<input type="checkbox"/> Yes	<input type="checkbox"/> With Restrictions _____	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Physical Education	<input type="checkbox"/> Yes	<input type="checkbox"/> With Restrictions _____	<input type="checkbox"/> No	
	Recreational Swimming*	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Note restrictions and/or limitations: \_\_\_\_\_

\_\_\_\_\_

\*Swimming cannot be resumed until all restrictions are removed by physician and the Physical Therapist determines the student is comfortable enough for this activity. Swimming at school is recreational and not designed to meet post-operative needs or restrictions.

For post-operative patients:

Weight Bearing Status: \_\_\_\_\_

Orthotic/Brace Type: \_\_\_\_\_

Wearing Schedule: \_\_\_\_\_

If medication is to be given at school, please complete the *Medication Administration Consent Form*.

Next Appointment Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN TO: School Nurse - Lakeland School**

/leb - 07/2020