SMHS Return to Educational Experiences

Student and incident information:

Name of student: ____________________________________

Date of incident: _________________________________

Time of incident: _________________________________

Return to educational experiences instructions:

___Student is able to assume normal tasks and return to educational experiences without restrictions.

___Student is able to assume duties and return to educational experiences with the following restrictions (include length of time):

__________________________________________________________________________________________________

___Student is UNABLE to assume normal tasks and is UNABLE to return to educational experiences.

Signatures:

Immediate supervisor signature and date:

_________________________________ ______________________

Signature Date

Health care provider signature and date:

_________________________________ ______________________

Signature Date

Student signature and date:

_________________________________ ______________________

Signature Date

This form is to be completed by the student, immediate supervisor, and health care provider and returned to the respective SMHS contact PRIOR to the student returning to the educational experience.