Release to Return to Participate in Vocational Education Setting

Attn: Nurse
Old Colony RVTHS
476 North Ave.
Rochester, MA 02770
(p)508-763-8011
(f)508-763-9821

Please note student safety is a paramount concern. Activity in a vocational technical education program is unlike participation in a traditional academic classroom. To that end, we require that students returning to school after ***NON-ROUTINE medical treatment, of any kind***, including but not limited to an emergency room visit, mental health assessment, or hospitalization must provide medical documentation of the student's condition, clearance for re-entry to school, and any limitations. .

Name of student	Vocational Program
Medical Diagnosis/Treatment:	

Please complete the following information and return to the fax number above.
All sections must be filled in, signed and dated.

1. **Is the student safe to return to the vocational education setting?** ☐ Yes ☐ No **Date:** _____ **Next scheduled appointment date:**

2. **Student is released to:**
☐ full participation without limitations **Date:**_____
☐ modified participation from (date): _____ through (date): _____
☐ modified hours - specify: from (date): through (date):

Specify limitations below:

3. Identify any factors/medications/conditions that would impair the student's ability or judgment while working with heavy machinery (such as drills, electric saws, torches, cutlery, ovens, stoves, etc.) and the corresponding limitations with dates.
If none, write "none".

4. **Medications prescribed.** ☐ Yes ☐ No

Medication	Dosage	Administered at school? Time	Limitations for operating machinery	Side effects
		☐ Yes ☐ No		
		☐ Yes ☐ No		
		☐ Yes ☐ No		

5. **Additional comments:**

Signature of physician/clinician	**Physician/clinician's printed name**	**Date**

For Administrative Use Only		
Received by:	Date Received:	Date Expires: