

**MEDICAL DISCHARGE DOCUMENTATION FOR
SCHOOL/CHILDCARE RE-ENTRY: *BRAIN INJURY***

(Please send home with family at point of discharge, and fax to child's school.)

Date: _____

RE: (Child's name) _____

Medical Record Number: _____

Date of Birth: _____

Dear School or Child Care Provider,

This child has sustained a minor/mild brain injury and has been seen in the emergency room and/or hospitalized on the following date(s):_____. The child is being discharged today. Specific information and recommendations regarding a return to school or a childcare program are documented below.

Resume school/childcare program (Circle one): homebound half day full day

Duration (Give dates): _____

Transportation (Circle one): regular Lift bus bus seatbelt helmet

Physical education class (Circle one): resume regular class modify

If modified, list restrictions: _____

Contact sports (Circle one): resume modify

If modified, list restrictions: _____

Presenting educational problems related to brain injury: _____

If additional information is needed about this child's return to school or childcare, contact:

(Name) _____ (Phone) _____

Physician's Name (if different from above)