

**CLARKSTOWN CENTRAL SCHOOL DISTRICT**  
**Health Services**

**CRUTCHES PERMISSION FORM**

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\_\_\_\_\_   
Date

**A. Parent Certification:**

Please allow my child, \_\_\_\_\_,   
Student Name

\_\_\_\_\_ to use crutches in school, as per Dr. \_\_\_\_\_,   
Date of Birth

(see note attached).

My child has been instructed in the proper use of crutches and I hereby release and hold harmless the District from any and all liability, loss, damages, claims or actions (including costs and attorney fees) for any injury, permissible by law, arising from the use of these crutches while in the District. Furthermore I confirm that my child has been instructed that the crutches are for their use only and are to be used only as an aid for walking. I understand my child will have help with their books, but will not receive one to one adult supervision.

Parent/ Guardian Signature: \_\_\_\_\_

Parent Telephone #: \_\_\_\_\_

Student Signature: \_\_\_\_\_

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

**B. Doctor/ Health Care Provider Certification – Complete below or attach doctor’s note/orders.**

Please allow \_\_\_\_\_ to use crutches in school until further notice. He/she has been instructed in their use.

This is to confirm that no physical education classes are permitted until further notice due to the following injury: \_\_\_\_\_.

The follow-up/reevaluation date is scheduled for: \_\_\_\_\_.

Doctor/Health Care Provider Name: \_\_\_\_\_

Doctor/Health Care Provider Telephone #: \_\_\_\_\_

\_\_\_\_\_  
Office Stamp