



Canyon Rim Children's Center, Inc.

"Dedicated to the individuality of children."

INJURED/RECOVERING CHILD INSTRUCTION FORM

This form or specific written instructions from the child's physician must be on file if a child is returning to the center following an injury or a medical procedure that requires the implementation of limitations or restrictions.

The designated section of the form is to be completed by the physician of record and signed by both the physician and the parent. The completed form will be placed on file with the appropriate center staff and the instructions shall remain in effect until the limitations or restrictions are changed or terminated in writing.



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Child's Name: (Please print/type)		Date of Injury/Medical Procedure	
Nature of Injury/Medical Procedure: (Describe in general terms)			
The following section must be completed and signed by the physician of record			
Special Limitations or Restrictions:			
If possible provide the length of time these Limitations or Restrictions will be necessary:			
I certify the above referenced child is approved to attend preschool, as of subject to the special limitations and/or restrictions described above.			_____ mm/dd/yy
Physician's Signature		Date	
Physician's Name (Please print legibly or type)		Office Phone#	
Parent's Signature		Date	
Parent's Name (Please print legibly/type)		Contact Phone#	
The final decision as to the ability of the Center to accept the child and accomodate the required limitations and/or restrictions is the responsibility of the Director or her designee.			
Accepted:			
_____		_____	
Director		Date	