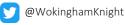


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Headteacher Mr F Walker

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Reintegration Information for Injuries

1.	Date:
2.	Injured Person's Name:
3.	Injured Person's Year Group & Class/School activity:
4.	Reintegration Information provided by (please specify relationship to injured person):
5.	Emergency Contact Information:
6.	Injury Detail (part of body, when did the injury happen, where did the injury happen):
7.	Is the individual in a sling/crutches/cast/wheelchair? (Please specify): Ensure they been 'fitted' by a medical professional and shown how to use correctly.
8.	Have you sought medical advice? (Please provide details):
9.	Has the medical professional advised that the individual can return to school? If yes, under what stipulations?

If no, the individual cannot return to school until the medical advice is such that it is safe for them to be here.













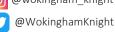
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10. Are there adaptations or considerations that the class teacher needs to be aware of to ensure the individual is able to access their learning?

11.	Movement around school considerations:
	Pick up/Drop off details:
	Movement around school:
	Break time:
	Lunch time:
	Emergency procedure in case of a fire alarm:
12.	Is the child on any medication which is required to be taken during the school day?: If yes, please note that we can only administer prescribed medication following our administration of medicine policy.
Please	provide a copy of this information to the class teacher, the office manager and the lunchtime supervisor.









