



Whiteknights

Growing Greatness

Whiteknights Primary School
Fairlawn Green, Shinfield Rise,
Reading, Berkshire, RG2 8EP
Telephone: 0118 987 2588
admin@whiteknights.wokingham.sch.uk
www.whiteknights.wokingham.sch.uk
@wokingham_knight
Headteacher: Mrs B Reynolds

Reintegration Information for Injuries

Date:		
Injured Person's Name:		
Injured Person's Year Group & Class/School activity:		
Reintegration Information provided by (please specify relationship to injured person):		
Emergency Contact Information:		
Injury Detail (part of body, when did the injury happen, where did the injury happen):		
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.		
Have you sought medical advice?	YES	NO
Provide details (for above):		



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Has the medical professional advised that the individual can return to school? If yes, under what stipulations?	YES	NO
If no, the individual cannot return to school until the medical advice is such that it is safe for them to be here.		

Movement around school considerations:	
Pick up/Drop off details:	
Movement around school:	
Break time:	
Lunch time:	
Is your child on any medication, which is required to be taken during the school day? <i>(If yes, please note that we can only administer prescribed medication following our administration of medicine policy)</i>	
I have read and understood the reasons for these safety measures to be put in place:	
Signed:	Relationship to child:
Date:	

OFFICE USE ONLY

Please provide a copy of this information to the class teacher, operations manager and lunchtime supervisor
Scan and save document to: G\Whiteknights Admin\Admin\Reintegration Forms for Pupils

