

Date: [Insert Date]

To: [School Principal Name/School Nurse Name]

[School Name]

[School Address]

Re: Return to school for [Student Name] - Temporary Walker Use

Dear [Name],

This letter is to inform you that [Student Name] will be returning to school on [Date] following a [Medical Procedure/Injury]. Due to this condition, [Student Name] is required to use a medical walker for mobility for approximately [Number] weeks.

We request the following accommodations to ensure safety and accessibility:

- Permission to use the school elevator (if applicable).
- Extra time to travel between classrooms.
- Early dismissal from class (5 minutes) to avoid crowded hallways.
- Assistance with carrying books or a lunch tray.
- A designated space in the classroom to park the walker safely.

Physical education (PE) and recess activities should be restricted to [Non-weight bearing / Seated activities only / No participation] until further notice.

If there are any emergencies or concerns, please contact [Parent/Guardian Name] at [Phone Number].

Thank you for your assistance in accommodating these temporary needs.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Printed Name]

[Doctor's Name/Clinic Name (Optional)]

[Doctor's Contact Info]