

**Date:** [Date]

**To:** [Principal Name / School Administration / School Nurse]

**From:** [Parent/Guardian Name]

**Student Name:** [Student Name]

**Grade/Class:** [Grade/Class]

Dear [Name of Recipient],

I am writing to inform you that my child, [Student Name], will be returning to school on [Date] following a recent injury to their [Left/Right] [Foot/Ankle/Leg].

Due to this injury, [Student Name] is currently non-weight bearing and has been cleared by their physician to use a **knee scooter** as a mobility aid while on campus. We kindly request the following accommodations to ensure their safety and access to education:

- Permission to use the knee scooter in hallways, classrooms, and the cafeteria.
- Access to the school elevator (if applicable).
- A designated "early release" (3-5 minutes) between class periods to avoid crowded hallways.
- Assistance with carrying books or a lunch tray, if necessary.
- Permission to keep the leg elevated during instructional time.

Attached is a medical note from [Doctor's Name] confirming the necessity of this device. We anticipate the student will need to use the scooter until approximately [Expected End Date].

Please let us know if there are specific protocols we should follow or if a meeting with the school nurse is required. Thank you for your assistance in helping [Student Name] transition back to the classroom.

Sincerely,

[Parent/Guardian Signature]

[Phone Number]

[Email Address]