

[Parent/Guardian Name]
[Address]
[Phone Number]
[Date]

[Principal's Name] / [School Nurse's Name]
[School Name]
[School Address]

RE: Permission to use a walking cane - [Student's Name]

To Whom It May Concern,

This letter is to inform you that my child, [Student's Name], will be returning to school on [Date] following a [Type of Injury, e.g., leg injury].

Due to this injury, [Student's Name] has been medically advised to use a walking cane for stability and support. I request that the school allow the use of this mobility aid in all areas of the campus, including classrooms and hallways.

We also request the following temporary accommodations to ensure safety:

- Permission to leave class five minutes early to avoid crowded hallways.
- Use of the school elevator (if applicable).
- Exemption from Physical Education (PE) classes until [Date].
- Assistance with carrying heavy books or a backpack.

Attached is a note from [Doctor's Name] confirming the necessity of the cane and the expected duration of use. We anticipate these measures will be required until [Estimated End Date].

Please let us know if there are any specific forms we need to complete. Thank you for your support in my child's recovery.

Sincerely,

[Parent/Guardian Signature]
[Printed Name]