



Medical Professional Risk Assessment of Injury

Child's Name:	
DOB:	
Injury:	
Can the Child undertake PE? Yes <input type="checkbox"/> No <input type="checkbox"/> If no is ticked how long should the child refrain from PE?	Can the Child play outside during breaktimes and lunchtimes if supervised? Yes <input type="checkbox"/> No <input type="checkbox"/> If no is ticked how long should the child refrain from playing outside?
GP or Hospital Stamp	Medical Professional Name: Signed: Date:



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