

Laguna Beach Unified School District

El Morro Elementary (949)497-7780 Fax 497-5515
Top of the World Elementary (949)497-7790 Fax 497-5397
Thurston Middle School (940)497-7785 Fax 497-7798
Laguna Beach High (949)497-7750 Fax 497-7766

PHYSICAL EDUCATION EXCUSAL

This is to certify that my patient, _____
Name of Student
cannot participate in Physical Education.

Injury/Condition: _____

Specific Order:

- No PE until _____
 Limited PE as follows _____
 Full participation

Start Date: _____

End Date (REQUIRED): _____

Physician Name

Physician Phone Number

Physician Signature (MD, DO, PA, NP only)

Date

**If you have any questions,
Please call the District School Nurse at 949-497-7700 x 5315**

cc: PE Teacher
School Health Office
District Nurse

PHYSICIAN'S STAMP HERE