MEAD SCHOOL DISTRICT

HEALTH SERVICES

2323 E. Farwell Rd • Mead WA 99021 • Telephone (509) 465-7611 • Fax (509) 465-6020

ACTIVITY RESTRICTIONS AT SCHOOL (Secondary)

Student Name:______________________________ School: ______________________________

Condition:_________________________________ Grade:______ Birthdate: ______________

*Please **CHECK** the Sports or Activities this student **CAN** participate in at school:*

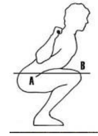
___ Aerobics
___ Archery
___ Badminton
___ Basketball
___ Bicycling
___ Climbing wall
___ Dodgeball/Battleball
___ Eclipse ball
___ Fitness Testing:

- Weights
- Mile
- 50 yd Dash
- Shuttle Run
- Sit and Reach
- Flexed Arm Hang
- Standing Long Jump
- Push Up Test

___ Floor Hockey
___ Football, Touch or Flag
___ Frisbee
___ Golf
___ Gymnastics
___ Handball
___ Kickball

___ Lacrosse
___ Pickle ball
___ Rope Jumping
___ Running
___ Sit Ups
___ Stretching
___ Soccer
___ Softball
___ Team Games
___ Tennis
___ Volleyball
___ Walking
___ Free Weights:
    ___Bench
    ___Squat
    ___Clean

    ___Other:_______________
___ Machine Lifts (Weights)



Other Activities He/She **CAN** Participate In:

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Other Activities He/She **CANNOT** Participate In:

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Is incidental contact or accidental contact **prohibited** for the student? Yes / No

If Yes: Student will be exempt from P.E.

Other Comments:____

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Parent Signature: ______________________________________ Date: _________________

Physician Signature: ____________________________________ Date: _________________

HS-112B
2/10