



Modification of Physical Education Program and Sports

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

Dear Parent/Guardian,

Please have your child’s physician complete and sign this form if there is medical need for a change in physical education/sports. New orders and updates must be submitted with plan changes. Please have any new orders returned or faxed to the health office. This form can be downloaded from the nurse’s website at Minuteman.org. This information will be shared with necessary Minuteman staff/coaches.

Sincerely,

Minuteman Nurses
 Sarah Bolduc, RN and Kate Gamache, LPN

T: 781-861-6500 x7499

F: 781-861-3421

E: nurse@minuteman.org

Physician Orders

Date: _____ Physician’s Name: _____ Physician’s Phone: (____) _____ - _____

Student’s Diagnosis: _____

Please complete:

_____ **No PE/sports from:** ____/____/____ to ____/____/____ **or** _____ until further notice

_____ **Limited PE/sports from:** ____/____/____ to ____/____/____ **or** _____ until further notice

_____ **Corrective PE/sports from:** ____/____/____ to ____/____/____ **or** _____ until further notice

_____ **Ok to return to gym/sports with no restrictions as of:** ____/____/____

Please provide details for limited/corrective PE/sports: _____

Please note that students will return to PE/sports with no restrictions after specified date provided. Orders stating “until further notice” will require an updated note with an “Ok to return to gym/sports with no restrictions” with a specified date.

Physician Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Non-Discrimination: Minuteman Regional Vocational Technical School District does not discriminate on the basis of race, color, national origin, sex, disability, religion, sexual orientation, or gender identity in its programs or activities, including its admissions and employment practices. The School District does not tolerate harassment or discrimination. An individual has been designated to coordinate compliance under Title IX and Section 504 and may be contacted through the Superintendent’s Office, 758 Marrett Road, Lexington, MA 02421, (781) 861-6500, ext.7360.