

EXERCISE VERIFICATION FORM

NAME: _____
GRADE: _____ PERIOD: _____ DAYS: 1-3-5 or 2-4-6
TEACHER: _____

I, _____ confirm that _____ was absent
(Parent or guardian) *(student's name)*
from class on _____ and participated in 30 minutes or more of exercise on the following dates
(date or dates of absences)
for make up.

(30 minutes of exercise equals one day of make up)

Date: _____ Activity: _____ Minutes: _____
Date: _____ Activity: _____ Minutes: _____
Date: _____ Activity: _____ Minutes: _____
Date: _____ Activity: _____ Minutes: _____

****What were some of the physical benefits of the activity you did for a make-up?**

HEALTHY BODY, HEALTHY MIND!!!

