



William Floyd Union Free School District

of the MASTICS - MORICHES - SHIRLEY

Our rich history builds a promising future!

Kevin M. Coster
Superintendent of Schools

Tina Stone, BSN, RN
Lead Nurse
(631) 874-1546

STUDENT: _____ GRADE: _____ TEACHER: _____

Dear Healthcare Provider:

Your patient _____ is registered in this school district and has indicated an inability to fully participate in the regular physical education program. So that you may assist us in designing a program adapted to meet his/her individual needs would you kindly complete this form and have the parent return to his/her school nurse. Thank you for your cooperation

CHECK ONLY WHERE NO PARTICIPATION IS RECOMMENDED:

☐ Throwing	☐ Catching	☐ Kicking	☐ Running	☐ Lifting
☐ Tumbling	☐ Bending	☐ Twisting	☐ Hitting	☐ Walking
☐ Jumping	☐ Stretching	☐ Pushing	☐ Pulling	☐ Dancing
☐ Aerobics	☐ Gymnastics	☐ DodgeBall	☐ Softball	☐ Soccer
☐ Basketball	☐ Monkey Bars	☐ Slides	☐ Swings	☐ Rings
☐ See Saw	☐ All Playground Equipment	☐ Tag	☐ Jump Rope	
☐ Body Contact	☐ Outdoors	OR:		
☐ Exclude from Physical Education and Playground Recess Completely				

DIAGNOSIS: _____ .

This is to certify that I have examined the above patient and recommend that his/her physical education / recess program be modified as specified above until _____ (date).

Physician's Signature and Stamp Date

126A-RV23

John S. Hobart Elementary School
Nurse - 874-1248 / 874-1910 (Fax)

Moriches Elementary School
Nurse - 874-1402 / 874-1948 (Fax)

Nathaniel Woodhull Elementary School
Nurse - 874-1303 / 874-1599 (Fax)

Tangier Smith Elementary School
Nurse - 874-1345 / 874-1374 (Fax)

William Floyd Elementary School
Nurse - 874-1270 / 874-1884 (Fax)

William Floyd Learning Center
Nurse - 874-1914 / 874-1594 (Fax)

William Floyd Middle School
Nurse - 874-5555 / 874-5558 (Fax)

William Floyd High School
East Nurse A-Le - 874-1139 / 874-1209 (Fax)
West Nurse Li-Z - 874-1259 / 874-1548 (Fax)

William Paca Middle School
Nurse - 874-1418 / 874-1411 (Fax)

Su hijo(a)_____ está registrado en el distrito escolar y el historial médico obtenido, requiere información detallada del plan de cuidado indicado por el médico. Dicha información nos ayudará a diseñar un programa adaptado a satisfacer las necesidades del estudiante. Favor consultar con el médico de su hijo (a) y solicitarle completar este cuestionario para retornarlo a la enfermera de la escuela. Gracias por su cooperación.