

LYONS TOWNSHIP HIGH SCHOOL

Dr. Jennifer Tyrrell
Principal

Ms. Sarah Smith, Associate Principal
North Campus - 100 S. Brainard Ave.
LaGrange, IL 60525
(708) 579-6300

Mr. Greg Gardner, Associate Principal
South Campus - 4900 S. Willow Springs
Western Springs, IL 60558
(708) 579-6500

Physical Education (PE) Medical Limitation Form

The LTHS Physical Welfare Division has various facilities, equipment and course offerings that provide students who have various injuries, or health conditions an opportunity to participate when they are unable to participate in regular class activity or need activity modified to meet the needs of that individual student.

Student Name: _____ ID# _____ Year in School _____

To be completed by the Health Care Provider (MD, DO, PA, APN) managing the health condition:

Nature of Illness/Injury: _____

Expected duration of limitations: _____ (write in date; cannot exceed 1 semester)

Health Care Provider Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

Address of practice: _____

Activity	May Participate	May NOT Participate	Comments/Limitations
Aerobics			
Core exercises			
Dance			
Elliptical machine			
Flexibility training			
Individual/Dual sports (badminton, tennis, etc.)			
Jogging			
Rehabilitation exercises (please provide)			
Rock Climbing			
Self-Defense			
Stationary Bike			
Swimming (water jogging, Scuba)			
Team sports (Flag Football, Soccer, Basketball, etc.)			
Walking			
Weight Training (upper body or lower body)			
Yoga			

To be completed by student and parent/guardian:

By signing below, I understand that:

- If the nature of injury and length of limitations precludes participation for the majority of the semester, a medical waiver *may* be issued. If issued, LTHS restricts any co-curricular physical activity for the semester that a medical waiver is in place. Examples include: intramural sports, cheerleading, poms, competitive dance, etc.
- Additionally, IHSA rules prohibit participation in IHSA sanctioned sports for the semester that a medical waiver is in place.
- If a medical waiver is granted an "X" will be used on the transcript to denote that the PE requirement was met for that semester towards graduation.

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

School Nurse Approval: _____ Date: _____

Administrator Approval: _____ Date: _____

Principal (waiver)

Physical Welfare Division Chair (restrictions)

Health Services Office:

SOUTH CAMPUS: (708) 579-6531 / (708) 784-9574 (Fax)

NORTH CAMPUS: (708) 579-6363 / (708) 579-6002 (Fax)