



Physical Education/Recess Activity Excuse Form

Student_____	Grade_____	Date_____
Date of Birth_____	School_____	Teacher_____

To be completed by Physician

Description of injury or illness : _____

State education law requires that all students be enrolled in a course of physical education. The physical education program is planned so that every student in school should be able to benefit from some phase of this program. Since we wish to do what is best for each student, we will attempt to modify our activities to meet the specific restrictions of the student.

Restrictions

- No restrictions (discharge) as of this date: _____
- No participation until this date: _____
- Modified participation (please specify below) until: _____
Please indicate which activities the student **can** participate in:
 - Walking
 - Jogging
 - Running
 - Upper body strength training (weight limit:_____)
 - Lower body strength training (weight limit:_____)
 - Upper body activities
 - Swimming (high school)
 - Stationary biking

Specific recommendations and comments: _____

Attention Care Provider: Few injuries require complete exclusion from all activity. Most students can participate with modifications.

Physician Information	
Name of Provider_____	Clinic Name _____
Phone Number_____	Fax Number _____
Address _____	
Signature of Provider_____	Date_____