



LAWNDALE ELEMENTARY SCHOOL DISTRICT  
4161 West 147<sup>th</sup> Street, Lawndale, CA 90260

**Physical Activity Restriction Form**

Dear Parent or Guardian/*Estimado Padre o Guardian,*

You indicated that your child needs physical activity restrictions at school. Please return this form completed by your doctor and return to the health office as soon as possible. *Usted ha indicado que su hijo/a requiere restricciones de actividades físicas en la escuela. Por favor entregue esta forma completado por el médico y lo entrega lo más pronto posible a la oficina de salud.*

Thank you,  
Lawndale District School Nurse

**To be completed by Physician:**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Health Condition: \_\_\_\_\_

Student May Return to Full Activity (write date): \_\_\_\_\_

Please circle activities in which the student **CANNOT** participate:

|                   |                       |                   |
|-------------------|-----------------------|-------------------|
| Aerobic exercises | Jogging               | Stretching        |
| Aquatics          | Jump Rope             | Tag games         |
| Baseball          | Kickball              | Tennis            |
| Basketball        | Playground activities | Tetherball        |
| Dance             | Push Ups              | Throwing/Catching |
| Flag Football     | Running               | Track and Field   |
| Football          | Sit Ups               | Volleyball        |
| Golf              | Soccer                | Walking           |
| Handball          | Softball              | Weight Training   |
| Horseshoes        | Steps                 | Other: _____      |

Additional Comments: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_