



## Physical Activity Checklist

Homeroom Teacher: \_\_\_\_\_

According to the State of South Carolina, all students are required to participate in a physical education program unless a physician's statement is on file.

Prior to a student participating in a scheduled movement/physical education class, each parent/guardian needs to complete the physical activity checklist. Please read below and check the appropriate response.

\_\_\_\_\_  
a. My child may participate in all physical activities.

\_\_\_\_\_  
b. My child may participate in a limited program of physical education.

\_\_\_\_\_  
c. My child may ***NOT*** participate in any physical activities.

***NOTE: If either B or C is checked, this form must be accompanied by a physician's statement.***

Please list any problems your child has now or has had that could impact his/her participation in physical education class.

\_\_\_\_\_  
\_\_\_\_\_

If there are any questions, please call the guidance counselor and/or curriculum coordinator at your child's school.

Student Name: \_\_\_\_\_

Parent Signature: Date:

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*Revised 2/2025*