Chandler Unified School District #80

Activity Restriction

Student Name: _____DOB:_____

School:_____Grade:_____Date:_____

Diagnosis:_____

Restrictions from Physical Education and/or recess in excess of five (5) days require a licensed healthcare provider's written documentation. In addition, students with certain medical conditions will require a licensed healthcare provider's written documentation.

- ☐ May participate in P.E. / sports / recess.
- ☐ May NOT participate in P.E. / sports / recess until: _____
- ☐ May participate in P.E. / sports / recess with the following restrictions (please check all that apply):
  - ☐ No running
  - ☐ No jumping
  - ☐ No swimming
  - ☐ No climbing
  - ☐ No lifting > ____lbs.
- ☐ Assistive devices needed ☐ Crutches ☐ Wheelchair ☐ Walker ☐ Sling/Brace _____
- ☐ Indoor activity only when temperature is above _____degrees.
- ☐ No Activity Restrictions through Student's Graduation Year: _____
  **unless otherwise informed by the student's current licensed healthcare provider.*

Please list any other restrictions not listed above: _____

_____

These restrictions may change due to changes in his/her status, and you will be notified of any changes.

Licensed Healthcare Provider Name: _____Phone No._____
(print)

_____
Licensed Healthcare Provider Signature Date

I give consent for the exchange of information regarding my child's activity restrictions with the healthcare provider.

Parent/Guardian Signature: _____Phone No._____ Date: _____