



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 | ☐ Upper Body activities |
| ☐ Jogging | ☐ Lower body strength training (weight limit: _____) |
| ☐ Running | ☐ Swimming (Middle or High school) |
| ☐ Upper body strength training (weight limit: _____) | ☐ 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 _____