MAGRUDER
MIDDLE SCHOOL

4100 185th St, Torrance, CA 90504 | 310.533.4527 | www.magruder.tusd.org

Excuse from Physical Education

Printable Form

- Students are expected to participate daily in physical activity. State law requires students to participate in physical education every week. All students need to wear appropriate clothing and athletic shoes. Failure to regularly participate in P.E. will adversely affect the student's academic grade.

- Students must bring a note with a parent's signature to the attendance office before the start of the school day to be excused from Physical Education. If the PE excuse is longer than 3 days, then a doctor's note must also be presented.

- NOTE: On "Mile Run Day," a doctor's note MUST accompany a request to be excused from PE class participation. Questions regarding PE participation excuses should be directed to the health office at x8883 or to Ms. Kandace Cole at cole.kandace@tusd.org

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Name: **Period:** **PE Teacher:** **Date:**

The purpose of the Excuse from Physical Education Form is to excuse your child from participating for a set period of time. The Excuse from Physical Education Form must be printed, filled out, signed by a parent or legal guardian, and turned into the office before or on the first day of the excuse.

Please excuse my child from participating in Physical Education:
_____ Today
_____ Today and tomorrow
_____ For the next three days.
_____ Until _____(date)

A doctor's note is required for any illness or injury lasting more than three days. Please attach your doctor's note to this form, if required.

The reason for the excuse is related to an:
_____ Illness
_____ Injury

Personal excuses, such as menstrual cramping, will not be accepted as an excuse from participating in PE, unless a doctor's note requires your child to be excused from participating.

Please describe in detail your child's injury or illness.
_____
_____
_____

In most cases, your child will still be required to dress. Please indicate if you wish for your child not to dress.

_____/_____
Parent Signature Phone Number

This form must be taken to the office to be stamped and copied by the Health Assistant before you turn it in to your teacher.