Medical Authorization for Temporary Restriction from Physical Education/School Participation

Student Name: _____Date: _____

School: _____ Grade: _____

As parent/guardian of the above named student, I give my permission for my child's health care provider to share information with the school nurse for the completion of this plan. I understand that the information contained in this plan will be shared with school staff on a need-to-know basis.

Parent Signature: _____ Date _____

To be completed by Physician:

We have received a request that your patient (named above) be excused from physical education class. State law requires all students regardless of disability be enrolled in physical education and if the student cannot participate in regular class activities, he/she must be provided with an alternate program that will promote the health and fitness of the student in a safe and prudent manner.

Student may return to school on _____ (date) with the following restrictions:

Reason for restriction: _____

Restriction begins on: _____ Restriction ends on: _____

Next follow up medical appointment date: _____

Is an assistive device ordered ? Yes___ No ___

Which assistive devices? ___wheelchair ___crutches ___walker ___knee brace ___ sling ___boot

Other (describe):_____ **Is the student able to manage stairs independently?** Yes ____ No ____

(Note: In the event that the student is not able to manage stairs independently in their home school, alternative accessible placements or homebound services will be provided.)

Musculoskeletal Restrictions:

_____Avoid activities involving upper extremity Right _____ Left_____ Both _____
_____Avoid activities involving the lower extremities Right _____ Left_____ Both _____
_____Avoid activities involving the neck, back or abdomen _____
Can student use the following equipment:

exercise bike? Yes ____ No _____
rowing machine? Yes ____ No _____
treadmill? Yes ____ No _____
elliptical machine? Yes_____ No _____
weight machines? Yes ____ No _____

Functional Restrictions:

Student has the following activity restrictions:
_____No competitive sports; in other physical activities, should stop short of excessive fatigue
_____No contact sports; other physical activity allowed
_____Moderate exercise but with all running, jumping and gymnastics excluded
_____Minimal activity; simple non strenuous activity (e.g. archery)

The following activities are recommended: _____

Student to independently do PT/MD taught exercises (for flexibility or strengthening) during PE time? Yes _____ No _____

Other: _____

Additional comments: _____

Healthcare Provider Signature_____Date_____

Address_____ Phone_____