



TO: PARENTS AND GUARDIANS OF SOUTHEAST POLK HIGH SCHOOL STUDENTS
RE: A NOTICE ABOUT PHYSICAL EDUCATION CLASSES

If your son/daughter is to have limited physical education due to injury or illness, please have your doctor fill out this form. Additional forms may be obtained from the school nurse, school office or on the school's website.

Dear Physician:

State education law requires that all students be enrolled in a physical education course. The physical education program at Southeast Polk High School is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities/schedule to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and check the activities in which the student may safely participate considering his/her injury or illness. Thank you for your time, assistance and consideration.

Sincerely,

Southeast Polk High School Physical Education Department



SOUTHEAST POLK HIGH SCHOOL
MEDICAL EXCUSE FORM

Student: _____ Date: _____

Injury or illnesses _____

Elevator Key yes no for ___wks Early dismissal from class yes no for ___wks

TO THE ATTENDING PHYSICIAN: It is desirable to keep all students participating in regular physical education classes when possible. Please indicate level of activities in which your patient would be able to participate.

*Please include an end date either when full participation is permitted or date of next follow up appointment.

Please check one:

___ Omit all participation in physical activity until (date) _____.

___ Light physical activity is permitted until (date) _____.

May include: Walking Table Tennis
 Stationary bike

___ Moderate physical activity is permitted until (date) _____.

May include: Resistance Training Elliptical Machine
 Low Impact Aquatics

___ May participate in activities that do not involve the injured extremity until (date) _____.

Injured extremity is:

___ Upper Left ___ Upper Right

___ Lower Left ___ Lower Right

Other recommendations, accommodations, or restrictions: _____

Signature of Physician _____ Date _____