

PHYSICAL ACTIVITY RESTRICTION/RELEASE FORM

Part A: Physician Information

_____ (Student Name)

Cannot participate in physical education/recess activities, beginning _____ (Date).

Due to: _____.

He/she may return to full activity on _____ (Date).

He/she may return with the following limitation(s) on _____ (Date).

He/she may not return to any activity until further notice _____.

Physician Name _____ Phone _____

Physician Signature _____ Date _____

PART B: Parent Information

I understand that for his/her own safety, my child will not be allowed to participate in physical education/recess activities until the release date specified by the physician.

Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____