

# APPLETON AREA SCHOOL DISTRICT

Student Services - P.O. Box 2019, Appleton, WI 54912-2019 - 920-997-1399, ext. 2106

## PHYSICAL EDUCATION/RECESS ACTIVITY EXCUSE FORM

Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

Description of injury/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.*

### Recommendations:

\_\_\_\_\_ No restrictions (discharge) as of this date: \_\_\_\_\_

\_\_\_\_\_ No participation until (date): \_\_\_\_\_

\_\_\_\_\_ Modified participation (please specify below) until: \_\_\_\_\_  
(date)

### Please check or indicate which activities the student can participate in:

- |                                  |  |   |
|----------------------------------|--|---|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Upper body strength training<br>(weight limit: _____) | <input type="checkbox"/> Swimming (high school) |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Lower body strength training<br>(weight limit: _____) | <input type="checkbox"/> Stationary biking      |
| <input type="checkbox"/> Running | <input type="checkbox"/> Upper body activities                                 |   |

Specific recommendations and comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Attention Care Provider:** Please be aware that few injuries require complete exclusion from all activity. Most students can participate with modifications.

Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_