



Student's Name: _____ D.O.B. _____ Date Sent: _____
 School: _____ Grade: _____ Date Received: _____

**PHYSICIAN'S RECOMMENDATION MODIFICATIONS
 IN THE STUDENT'S PHYSICAL ACTIVITY AT SCHOOL**

Dear Parent,
 It has been brought to the school nurse's attention that your child recently sustained an injury or has a history of _____. This condition may impact your child's ability to access and participate in physical activities while at school (such as playground activities and physical education). Your child's doctor must approve the type of activities in which they may participate while at school. Please have your child's doctor complete this release form and return it to the school nurse. Your child will not be allowed to participate in Physical Education or playground activities until we have a doctor's clearance.

To the Physician of: _____ Phone: _____

Student's Diagnosis: _____

Dear Doctor,
 School age children participate in outdoor activities that include access to playground equipment such as climbing apparatus, tricycles, swings, and ball games. In order to accommodate for this student's physical condition we are requesting that you recommend an appropriate physical activity program for this child.
 These accommodations will be in effect from _____ to _____.

I recommend the following activities: (check the appropriate activity in each category). Please include any recommended activity not included in this list.

REGULAR ACTIVITIES

BALL ACTIVITIES:	ACCESS TO PLAYGROUND EQUIPMENT	MODIFIED ACTIVITIES
<input type="checkbox"/> Tether ball	<input type="checkbox"/> Climbing apparatus ladder/jungle gym	<input type="checkbox"/> Kick rolled ball
<input type="checkbox"/> Four square	<input type="checkbox"/> Hang from bars	<input type="checkbox"/> Toss/catch ball
<input type="checkbox"/> Basketball	<input type="checkbox"/> Slide	<input type="checkbox"/> Jog/Walk
<input type="checkbox"/> Dodgeball	<input type="checkbox"/> Swing	<input type="checkbox"/> Bounce a ball
<input type="checkbox"/> Tossing/hitting a ball	<input type="checkbox"/> Tricycle	<input type="checkbox"/> Volley a tossed ball
<input type="checkbox"/> Football	ACTIVITIES OR GAMES	<input type="checkbox"/> Crawl, roll
<input type="checkbox"/> Softball	<input type="checkbox"/> Running/jog	<input type="checkbox"/> Balance activity
<input type="checkbox"/> Handball	<input type="checkbox"/> Jumping	
<input type="checkbox"/> Kickball	<input type="checkbox"/> Skipping	LIMITED ACTIVITIES
<input type="checkbox"/> Soccer	<input type="checkbox"/> Hopping	<input type="checkbox"/> Board games
<input type="checkbox"/> Other	<input type="checkbox"/> Dancing	<input type="checkbox"/> Stretching of shoulders, legs, arms, back
	<input type="checkbox"/> Twist	<input type="checkbox"/> Sand/water play
	<input type="checkbox"/> Jump rope	<input type="checkbox"/> Pass ball back and forth
	<input type="checkbox"/> Hopscotch	<input type="checkbox"/> Walking in playground
	<input type="checkbox"/> Other	<input type="checkbox"/> Other

Doctor's signature is required:

 Doctor's signature

 Date