

Physical Education Restriction/Modification Form: Medical

Student Name: _____ **Date of Birth:** _____
Injury/Condition: _____ **Restriction: Temporary/Permanent**
Temporary conditions: Return to full activity or Follow-up date _____

**** Physical education, recess and school sponsored sports will have the same restrictions - students able to participate in recess/sports shall also participate in physical education activities with modifications****

Y	N	Activity Categories *examples not inclusive of all activities*
		Vigorous aerobic exercise: (running, fitness tests, HR based)
		Moderate aerobic exercise (treadmill, elliptical, stationary bike)
		Low impact (walking, yoga, stretching)
		Lower body activities (kicking, jumping, lifting)
		Upper body activities (throwing, lifting, climbing wall)
		Contact Sports (soccer, basketball, floor hockey, flag football)
		Ball sports (baseball, volleyball, throw/catch activities)
		Gymnastics/Tumbling
		Self-paced cardio or other self-paced activities
		High School/Junior High: independently perform prescribed PT exercises
		Other restricted:
		Other allowed:

Notes/Considerations/Other Recommendations: _____

The Illinois School Code, 105 ILCS 5/27-6, requires that students engage in a course of physical education for a minimum of 3 days per 5-day week in both elementary school and high school with limited exceptions enumerated for individual student waivers, exemptions, modifications or excused absences. Excusal requests based on medical prohibitions must be in writing and must include a signed statement from a person licensed under the Medical Practices Act corroborating the medical basis for the request.

Physician Signature/Phone/Office Stamp

Date _____

Recess Permissions

Physical education, recess and school sponsored sports will have the same restrictions - students able to participate in recess/sports shall also participate in physical education activities with modifications

Elementary/Junior High: Recess supervision may be limited due to the number of students participating and movement of students. Parent/guardians wishing for students to participate in recess acknowledge that individual supervision is not provided. The student must be able to independently follow the parent/guardian directives as indicated below. Students with casts are not permitted to play organized sport games or ball sports due to potential for injury to others. **Please indicate what activities student is allowed to participate in during recess:**

	No recess/stay indoors
	Sit outside/stationary games
	Blacktop only/no playground equipment
	Playground equipment

Guardian/Parent Signature: _____ **Date**_____