

NORTH FOND DU LAC SCHOOL DISTRICT -- SCHOOL HEALTH PROGRAMS

225 McKinley St. North Fond du Lac, WI 54937 Telephone 920-929-3750 FAX 920-929-3696

Physical Education Physician's Prescription Form

Student: _____ School: _____ Grade: _____ Date: _____

Diagnosis: _____

Length of time prescription applies: _____

This student's activity will be restricted as ordered.

Please circle **one** of the following: Unlimited Activity Moderate Activity Mild Activity No Activity

Please **circle** activities in which the student **may NOT participate**:

Aerobics	Handball	Soccer
*Apparatus (beams, vaulting, rope climbing)	Hockey, Field	Softball
Archery	Hockey, Floor	Speedball
Badminton	Hoola Hoop	Swimming (Lakeshore & Riverside)
Basketball	Horseshoes	Table Tennis
Bowling	Jogging	Tennis
Calisthenics	Judo	Track & Field
Cross County Skiing	Kickball	Tumbling
Dancing, Rhythms	*Locomotor Skills (hopping, skipping, jumping)	Volleyball
Fitness Testing	Obstacle Course	Walking
Football, Flag	Pacer	Wall Climbing
Football, Tackle	*Perceptual Motor Skills (catching, throwing, striking)	Weight Training
Frisbee	Racquetball	Wrestling
*Games (run, dodge, tag)	Roller Skating	Yoga
Golf	Rope Jumping	Other: _____
Gymnastics		_____

Individual recommendations as follows (please be specific):

Physician's Name: _____ **Signature:** _____

Student/Parent Rights (please read before signing): You may request multiple releases of information identified on this authorization form. You may receive a copy of this authorization. Fond du Lac School District does not condition treatment, or eligibility for benefits based on the signing of this authorization. You have the right to inspect and receive a copy of the material to be disclosed in accordance with District policies. The District may charge for photocopies based on School Board policies. You may revoke this authorization at any time (except to the extent that the District has already acted in reliance upon it), by written notice to Fond du Lac School District.

Attention: Privacy Officer. If the person or organization requesting this information is not subject to the federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected by the federal privacy standards. A photocopy of this authorization shall be as valid as the original.

I hereby release the Fond du Lac School District from all legal responsibilities or liability that may arise from this act of disclosure.

Student Signature: _____ **Date:** _____
(If 18 yrs. or older)

Authorized Person: _____ **Relationship:** _____
(Parent or Guardian)

Witness: _____

*Laws of Wisconsin relating to public schools 6/1/90, 118.01 (2)(d)2a