NORTH FOND DU LAC SCHOOL DISTRICT
School Health Programs

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PE RESTRICTION FORM-Elementary/Middle School

The philosophy of the North Fond du Lac Physical Education Staff is to adapt & modify activities so each student can participate to the best of their ability

Student: _____ Grade: _____

School: Elementary School (FLC) Middle School (BAMS)

Diagnosis: _____

*please note that if a student attends High School and they will be missing more than 2 weeks of physical activities, without any ability to have accommodations, they will need to drop PE class for the semester and make the class up at another semester.

The student is restricted from: (please check)

___Contact Sports Until: _____
___Non-Contact Sports Until: _____
___Bearing weight Until: _____
___Walking Until: _____
___Running Until: _____
___Lower Body exercise/weights Until: _____
___Upper Body exercise/weights Until: _____
___Other Until: _____
Explain other: _____

Date student can return to unrestricted activity on (DATE) _____

☐ Student may not participate in physical education until re evaluated by physician
Follow-up appointment scheduled for: _____

☐ Please list any physical activities that you do not want them participating in due to injury (please be specific - use back if necessary):

_____ _____ _____
Physician's Name Physician's Signature Date

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. North Fond du Lac School District does not condition treatment, or eligibility for benefits based on the signing of this authorization. You have a right to inspect and to receive a copy of the material to be disclosed in accordance with District 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 the North 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 North Fond du Lac School District from all legal responsibilities or liability that may arise from this act of disclosure.

_____ _____ _____
Student Signature (If 18 yrs or older) OR Authorized Person (parent or guardian) Relationship Date

***Laws of Wisconsin relating to public schools 6/11/90, 118.01 (2)(d)2a** **Revised 3/2022**