



NORTH FOND DU LAC SCHOOL DISTRICT

School Health Programs

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PHYSICAL EDUCATION RESTRICTION FORM-High 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: _____ Date: _____

Duration of Restriction: FROM _____ to _____

Description of injury: _____

PART 1: Please place a checkmark next to each activity that would need to be restricted

CONTACT/COLLISION	LIMITED CONTACT/IMPACT	STRENUOUS/NON-CONTACT
<input type="checkbox"/> RESTRICT ALL (PLEASE COMPLETE PART 2) <input type="checkbox"/> Floor Hockey <input type="checkbox"/> Football <input type="checkbox"/> Capture the Flag <input type="checkbox"/> Lacrosse <input type="checkbox"/> Soccer <input type="checkbox"/> Team Handball	<input type="checkbox"/> RESTRICT ALL (PLEASE COMPLETE PART 2) <input type="checkbox"/> Basketball <input type="checkbox"/> Kickball/Softball <input type="checkbox"/> Project Adventure (tag games) <input type="checkbox"/> Ultimate Frisbee <input type="checkbox"/> Volleyball <input type="checkbox"/> Tcouckball/Sabakiball	<input type="checkbox"/> RESTRICT ALL (PLEASE COMPLETE PART 2) <input type="checkbox"/> Aerobics/Dance <input type="checkbox"/> Jumping Activities <input type="checkbox"/> Pickleball <input type="checkbox"/> Running/jogging <input type="checkbox"/> Skill Work (Basic) <input type="checkbox"/> Yoga <input type="checkbox"/> Tennis/Badminton <input type="checkbox"/> Track & Field <input type="checkbox"/> Weight Training <input type="checkbox"/> Mile Run <input type="checkbox"/> Pacer

NON STRENUOUS/NON-CONTACT	For High School only:
<input type="checkbox"/> RESTRICT ALL (PLEASE COMPLETE PART 2) <input type="checkbox"/> Archery <input type="checkbox"/> Balancing Activities <input type="checkbox"/> Golf <input type="checkbox"/> Kan Jam <input type="checkbox"/> Stationary bike <input type="checkbox"/> Yard games <input type="checkbox"/> Disc Golf <input type="checkbox"/> Weight Training (limited) <input type="checkbox"/> Treadmill (no higher than 3.5) <input type="checkbox"/> Rock climbing/Adventure	<p>Students in grades 9-12 cannot graduate high school unless they have received credit for 3 PE classes over 4 years. Students who will miss more than 10 classes per quarter due to extended illness or injury must meet with their phy ed teacher and counselor to determine whether or not they need to drop PE for the semester.</p> <p>Do you feel they will miss more than 10 classes? <input type="checkbox"/> YES or <input type="checkbox"/> NO</p>

PART 2 - IF "RESTRICT ALL" IS CHECKED IN ANY CATEGORY ABOVE, CAN STUDENT PERFORM REHAB EXERCISES? YES NO

THE FOLLOWING REHAB EXERCISES ARE PERMITTED (or attach a copy of the rehab program):

Attention care provider: Please be aware that few injuries require complete exclusion from all activities. Most students can participate with modifications.

Physician Name: _____

Physician Address: _____

Physician Signature: _____

Physician Telephone number: _____

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