

GALENA PARK ISD

PHYSICAL EDUCATION RESTRICTION

The physical education program is designed to meet the needs of all students who are physically able to attend school. Students who need modified or restricted assignments are encouraged to participate in the activities within the range or their capacity as indicated by the physician's diagnosis and recommendations.

This certifies that in my professional judgement,

Student Name: _____ Date of Birth: _____

School: _____, may participate in the activities checked below from _____ to _____ because of (cause of restriction) _____

FULL PARTICIPATION:

- | | | |
|-----------------|-------------------------|--------------------|
| ____ Aerobics | ____ Dodge Ball | ____ Softball |
| ____ Basketball | ____ Health Instruction | ____ Kickball |
| ____ Exercises | ____ Isometrics | ____ Hula Hoop |
| ____ Football | ____ Rhythms | ____ Track & Field |
| ____ Free Play | ____ Soccer | ____ Tumbling |
| ____ Scooter | ____ Gymnastics | ____ Volleyball |

LIMITED PARTICIPATION:

- | | | |
|-------------------|------------------|---------------------|
| ____ Score Keeper | ____ Time Keeper | ____ Walking/Stairs |
|-------------------|------------------|---------------------|

OR

COMPLETE RESTRICTION: From ____/____/____ to ____/____/____ or until further notice.

Type of permissible activity: _____

I realize, and I have interpreted to the family, that physical education is required by the state law and continued absence from physical education will result in no credits in the course toward graduation.

Physician's Signature and Date

Clinic Name (or stamp)

Address and Telephone Number