

District 87 Physical Education Participation Form

This form should be completed if a student's health condition restricts contact sports or limits activity during P.E. class. It is also necessary to complete this form if a student is unable to participate in P.E. for more than three (days) due to illness or injury.

It is expected that all students will participate meaningfully in P.E. classes. Physical education classes, when properly studied by students, can help develop good lifelong health habits. It is important that students participate in physical education.

If a student is unable to participate in P.E. for more than three (3) days due to illness or injury, the school must have a written statement from a healthcare provider describing the length of time the student must not participate, a description of the amount of time the student must not participate, and a description of the amount of physical activity which a healthcare provider is prescribing. If a student cannot participate in P.E., he or she may not participate at recess.

If the student is unable to participate in P.E. for more than three (days) due to illness or injury, please complete this form in its entirety.

Date: _____

Student Name: _____ School: _____

Grade: _____

Estimated Duration: _____ Week(s) _____ Month(s) _____ Year

Description of illness or injury: _____

_____ Full Program Participation

_____ Limited Participation – Indicate Below

_____ A. Contact

_____ C. Non-Contact – Vigorous

	Yes	No
Basketball	_____	_____
Contact Intramural	_____	_____
Field Hockey	_____	_____
Floor Hockey	_____	_____
Football	_____	_____
Soccer	_____	_____
Softball	_____	_____
Volleyball	_____	_____
Recreational Games	_____	_____

	Yes	No
Aerobics	_____	_____
Badminton	_____	_____
Jogging	_____	_____
Locomotor Skills (Running, jumping, etc)	_____	_____
Physical Fitness Tests	_____	_____
Running Games	_____	_____
Track	_____	_____

_____ B. Non-Contact-Moderate

_____ D. Classroom Activities, Resource Work, Table Games

	Yes	No
Walking	_____	_____
Rhythm and Dance	_____	_____
Stretching Exercises	_____	_____
Recreational Games	_____	_____

_____ E. Special Protective Devices

_____ F. Rehab. Program (exercise bike)

****PE Teacher reserves the right to restrict activity to include reports in the library in order to provide safe supervision of all students.*

Physician's Signature _____

Date _____