Physical Education After an Injury or Illness

Dear Parents and Guardians,

We want students to stay involved in physical education (PE) while they recover from an injury or illness. If your child's physician recommends a temporary change to PE participation, please take the attached form to the appointment and return the completed, signed form to the school nurse.

Please ask the physician to mark which activities your child may do, which to avoid, and how long the restrictions apply. The form also has room to explain what "light activity" means for your child and whether the same limits apply during recess.

The school nurse will keep the signed form in your child's school health record. The PE teacher will keep the participation instructions on file for planning and supervision. If we need more detail, we'll contact you. While we wait for clarification, your child can take part in the lesson in a supervised role such as scorekeeping or observing a skill.

Please send updated instructions to the school nurse if the restrictions change or if your child needs written clearance to resume regular participation. If you have questions about the form or how to return it, please contact the school clinic.

Thank you for helping us keep your child involved during recovery.

Injury

SANTA ROSA
COUNTY DISTRICT SCHOOLS

Physician Instructions for PE and Recess

Student name _____ Grade _____

Participation level

Check one.

☐ Full participation ☐ Modified participation ☐ Temporary excuse from physical activity

Activities for modified participation

Mark one per applicable activity. Use the lines below to describe any limits.

Activity	Allowed	With limits	Avoid
Walking	☐	☐	☐
Stretching or warm-ups	☐	☐	☐
Running or jogging	☐	☐	☐
Jumping or hopping	☐	☐	☐
Throwing or catching	☐	☐	☐
Contact games or sports	☐	☐	☐
Playground equipment	☐	☐	☐

Recess ☐ Same limits as PE ☐ No recess restrictions ☐ See instructions below

Written instructions

Include time or intensity limits, equipment, recess exceptions, or when to stop activity.

_____

_____

_____

_____

Start date _____ End or review date _____

Return to regular activity

☐ May resume on _____ ☐ Updated written clearance required

Physician name _____ Office phone _____

Physician signature (required) _____Date _____

Parent or guardian: Return the signed form to the school nurse.

School use: Nurse retains the signed form. PE teacher keeps participation instructions on file.