

TO: PARENTS AND GUARDIANS OF GIBSON CITY-MELVIN-SIBLEY STUDENTS

RE: LIMITED PARTICIPATION IN PHYSICAL EDUCATION CLASSES

If your son/daughter is to have limited physical education due to injury or illness, please have your doctor fill out this form. Additional forms may be obtained from the physical education teacher, school nurse or the school office.

Dear Physician:

State education law requires that all students be enrolled in a physical education course. The physical education program at GCMS is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities/schedule to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and **check the activities in which the student may safely participate considering his/her injury or illness**. We will develop a program of activity based on your recommendations. Thank you for your time, assistance and consideration.

Sincerely,

GCMS Physical Education Department

NAME OF STUDENT/PATIENT _____

DATE OF OFFICE VISIT _____

INJURY/ILLNESS _____

SPECIFIC INSTRUCTIONS REGARDING PARTICIPATION:

LIMITED PARTICIPATION:

FROM _____ TO _____ (check appropriate Activities below)

GCMS HIGH SCHOOL

ALTERNATIVE ACTIVITIES:

_____ Aerobics / Tae Bo

_____ Step Aerobics

_____ Power Walking

_____ Pace Walking

_____ Jogging

_____ Jumping rope

_____ Weight Training

_____ upper body

_____ lower body

_____ both

_____ Conditioning Stations

_____ upper body

_____ lower body

_____ both

_____ Thera-Bands

_____ Flag Football (Flicker Ball)

_____ Soccer (Indoor Soccer / Speedball)

_____ Lacrosse

_____ Basketball

_____ Volleyball

_____ Team Handball

_____ Floor Hockey

_____ Kick Ball (Mat Ball)

_____ Danish Longball

_____ Pickle Ball

_____ Badminton

_____ Social Dance

_____ Whiffle Ball

_____ Softball

_____ Tennis

_____ Frisbee Games

_____ Pillow Polo

_____ Archery

_____ Golf

_____ Juggling

_____ Table Tennis

_____ Track and Field

_____ Recreational Games
(Croquet, Bocce Ball, Horse Shoes,
Frisbee Golf)

PHYSICIAN'S SIGNATURE: _____

DATE: _____