

Physical Education: Parent Note

(Please Print or Type)

Student Name: _____

Date: _____

Injury or Illness

(Circle One)

Injury to: Knee Ankle/foot Back Elbow Wrist
 Head/Neck Shoulder Hand/Fingers Hip

Describe Nature of Injury or Illness: _____

Physical Education Modifications:

Please place an "X" in front of any of the activities your child is **NOT ALLOWED** to do.

Walking/Powerwalking Jumping activities Push ups
 Run or jog Lifting Sit ups/crunches
 Stretching exercises Throwing Other**

**Please explain OTHER: _____

Anticipated length of modified activity as per this parent note:

1 class period

2 class periods

(please circle one only)

Any additional information to share regarding injury or illness:

Parent Signature (REQUIRED)

Contact Information (phone or email)

****Please be advised that this parent note is good for 2 class periods only.
Any injury or illness extending beyond 2 class periods requires a doctor's note.****