

DARIEN PUBLIC SCHOOLS HEALTH SERVICES

Start of Physical Activity Restriction – End of Physical Activity Restriction Form

To the Physician:

Student's Name _____ Date _____

Onset of Illness or Injury (date): _____ Diagnosis(optional) _____

The student is restricted from: (please check)

- Contact Sports until _____
- Non-Contact Sports until _____
- Bearing weight until _____
- Walking until _____
- Running until _____
- Lower Body exercise/weights until _____
- Upper Body exercise/weights until _____
- Other _____ until _____

Next follow-up visit with MD (date if any) _____

Student is cleared to return to full activity including contact sports on (date if known) _____

 Health Care Provider's Name Signature Date Phone Number

To High School Students and Parents:

Students in Grades 9-12 cannot graduate high school unless they have received credit for 16 quarters of Physical Education/Health, only 4 of which may be fulfilled in health class. Students who will miss more than 4 classes per quarter (9th and 10th grade) or 3 classes per quarter (11th and 12th grade) due to illness or injury must meet with their physical education teacher to develop a substitute to class participation for which they can be graded and receive credit.

Parent and student must sign if illness/injury restriction exceeds 3 classes:

I understand that it is the student's responsibility to meet with the PE teacher to develop a substitute to class participation (such as an independent study project) for which the student may be graded and receive credit.

 Student's Name Signature Date

 Parent's Name Signature Date Phone Number

**Please bring this form to the School Nurse.
This form must be completed again each quarter that the student is restricted.**