

DARIEN PUBLIC SCHOOLS HEALTH SERVICES

Start of Physical Activity Restriction – End of Physical Activity Restriction

TO THE PHYSICIAN:

Student's Name _____ Date _____

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

The student is restricted from: (please check)

<input type="checkbox"/> Contact Sports	until	_____
<input type="checkbox"/> Non-Contact Sports	until	_____
<input type="checkbox"/> Bearing weight	until	_____
<input type="checkbox"/> Walking	until	_____
<input type="checkbox"/> Running	until	_____
<input type="checkbox"/> Lower Body exercise/weights	until	_____
<input type="checkbox"/> Upper Body exercise/weights	until	_____
<input type="checkbox"/> 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.