## POLK COUNTY SCHOOLS PHYSICAL EDUCATION RESTRICTIONS FORM

NAME					
	Last	First	Middle		
GRADE	SCHO	OOL	•		
		red regarding any physical education r ppropriate physical activities for your c			
Physical Conditi	on of the Student:				
It is recommende	ed that a student be	given a physical examination each year	by his/her physician.		
		cally able to participate in the physical cools. (Complete the lower portion of	1 0		
Date		Parent's Signature			
In the event that	nt your child is no	ot able to take part in the regular phed by your physician.			
List activities rec	commended				
Medical informa	tion (medications, a	allergies, asthma, etc.)			
Specific directio	ns for instructor				
		participate during the period beginning only in the activity or activ	•		
	Parent's Sig	nature			
	Physician's	Signature			

Note to Teachers: Following usage of this form, place it in the cumulative folder of the student as part of his/her health record.