POLK COUNTY SCHOOLS
PHYSICAL EDUCATION RESTRICTIONS FORM

NAME ________________________    _________________________    _________________________
Last    First           Middle

GRADE ____________ SCHOOL ____________________________________________________

The following information is required regarding any physical education restrictions of your child. This will enable us to plan for the most appropriate physical activities for your child.

Physical Condition of the Student:

It is recommended that a student be given a physical examination each year by his/her physician.

_____ My child is not physically able to participate in the physical education program in the Polk County Schools. (Complete the lower portion of this form.)

Date ____________________          Parent’s Signature _______________________________________

In the event that your child is not able to take part in the regular physical education program, the following form needs to be completed by your physician.

List activities recommended __________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Medical information (medications, allergies, asthma, etc.) __________________________________
___________________________________________________________________________________
___________________________________________________________________________________

Specific directions for instructor _________________________________________________________
___________________________________________________________________________________

It is recommended that this student participate during the period beginning (date) ________________
and ending (date) ________________________ only in the activity or activities listed above.

Parent’s Signature _________________________________________________________________
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.