

The Country School
341 Opening Hill Road
Madison, CT 06443
203.421-3113 EXT. 111

HEALTH OFFICE

MEDICAL RELEASE FROM ELEMENTARY PHYSICAL EDUCATION

In the event that your physician requests that your child be limited from physical education, please have your child's physician complete the following information:

DATE: _____

Student: _____ **Grade:** _____ **Teacher:** _____

Diagnosis:

For lower extremity fractures: weight bearing status:

Precautions:

Please indicate below your recommendation for physical education:

- Regular physical education (no restrictions)
 No physical education / **No recess (unstructured free physical activity)**

Restrictions (please check the activities in which the student MAY participate)

If there are any restrictions, please indicate duration of time:

From: _____ To: _____

RECESS OPTIONS: PHYSICAL EDUCATION

- | | |
|--|---|
| <input type="checkbox"/> Balance beam | <input type="checkbox"/> Basketball |
| <input type="checkbox"/> 5 Foot Climb | <input type="checkbox"/> Capture the Flag |
| <input type="checkbox"/> Hula hoops | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Monkey bars | <input type="checkbox"/> Mile run |
| <input type="checkbox"/> Rope Ladder | <input type="checkbox"/> Soccer |
| <input type="checkbox"/> Scooters | <input type="checkbox"/> Tag |
| <input type="checkbox"/> Swings | <input type="checkbox"/> Tee ball |
| <input type="checkbox"/> Swinging bridge | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Stairs | |
| <input type="checkbox"/> 10 ft. slide | |
| <input type="checkbox"/> Trolley | |

Provider's Signature **X**: _____ Phone: _____ Fax: _____

Providers Stamp:

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Please return form to school Health Office for permanent record.