

School Year: _____

BABOQUIVARI UNIFIED SCHOOL DISTRICT # 40
ACTIVITY RESTRICTION

Name: _____ Date of Birth: _____

Diagnosis: _____

Restrictions from Physical Education and/or recess in excess of 5 days requires a healthcare provider's written documentation. In addition, students with certain medical conditions will require a healthcare provider's written documentation.

- May participate in P.E. / sports / recess.
- May NOT participate in P.E. / sports / recess until: _____
- May participate in P.E. / sports / recess with the following restrictions (please check all that apply):
 - No running
 - No jumping
 - No swimming
 - No climbing
 - No lifting > _____ lbs.
- Indoor activity only when temperature is above _____ degrees.
- No Activity Restrictions through current school year _____ unless otherwise informed by the student's current Health Care Provider.

Please list any other restrictions not listed above:

These restrictions may change due to changes in his/her status, and you will be notified of any changes

Healthcare Provider Signature _____ **Date** _____

Phone Number _____

I give consent for the exchange of information regarding my child's activity restrictions.

Parent/Guardian Signature _____ **Date** _____