**The Maryland School for the Blind**

M.D. & Parent

**PHYSICAL ACTIVITY FORM**

**School Year 2016-2017**

**Student Name**:  **Date of Birth**: 

**Adapted Physical Education** - All students have Adapted Physical Education as part of their curriculum. Please indicate below if there are any medical reasons for exception.

Adapted Physical Education

 (Example: Age appropriate skill development, fitness & activities) **[ ]** No exception

 Exception:

Adapted Aquatics: goggles required for all students **[ ]**  No exception

 Exception:

Adapted Recreation (Example: Skiing, Bowling, Horseback Riding) **[ ]** No exception

 Exception:

Physician’s Signature Date Physician Phone Number

Parent/Guardian Signature Date

CD/LB/cic:5/2/16