**The Maryland School for the Blind**

M.D. & Parent

**PHYSICAL ACTIVITY FORM**

**(Physical Education and Recreation Permission**

 **Required for All Students)**

**School Year 2018-2019**

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

**Adapted Physical Education** - All students have Adapted Physical Education for low vision/blindness 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 students with M.D. orders **[ ]** 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:4/4/18