**M.D. & Parent**



**PHYSICAL ACTIVITY FORM**

**(Physical Education and Recreation Permission**

**Required for All Students)**

**School Year 2023-2024**

**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 unilateral vision. 🞏 No exception

Exception:

Adapted Recreation (Example: Skiing, Bowling, Horseback Riding) 🞏 No exception

Exception:

Physician Signature Date Physician Phone Number

Physician Printed Name

Parent/Guardian Signature Date

Parent/Guardian Printed Name

PB/LB/cic:4/13/23