PHYSICAL ACTIVITY FORM

(Physical Education and Recreation Permission Required for All Students)

Health Center – School Year 2024-25

Student's Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

**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 and activities)

No exception

Exception: Click or tap here to enter text.

# Adapted Aquatics (Goggles required for students with unilateral vision)

No exception

Exception: Click or tap here to enter text.

# Adapted Recreation (Example: Skiing, bowling, horseback riding)

No exception

Exception: Click or tap here to enter text.

Physician Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Physician Phone Number: Click or tap here to enter text.

Physician Printed Name: Click or tap here to enter text.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Parent/Guardian Printed Name: Click or tap here to enter text.

PB/LB/cic:2/6/24