



The Maryland School for the Blind

3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

**PHYSICAL ACTIVITY FORM
(Physical Education and Recreation Permission
Required for All Students)
School Year 2026-2027**

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