NORRIS SCHOOL DISTRICT

PHYSICAL EDUCATION ACTIVITY/ RECESS RESTRICTION FORM

Student's Name:_____ DOB:_____ Today's Date:_____

Duration of Restriction: From_____ To_____

PART 1- TO RESTRICT PARTICIPATION PLEASE PLACE A CHECK MARK NEXT TO THE RESTRICTED ACTIVITY:

CONTACT/COLLISON	LIMITED CONTACT/IMPACT	STRENUOUS/NON-CONTACT	
___ RESTRICT ALL	___ RESTRICT ALL	___ RESTRICT ALL	
___ Floor Hockey	___ Basketball	___ Track	___ Running
___ Flag Football/Ultimate frisbee	___ Kickball	___ Jumping	___ Walking
___ Group Games	___ Volleyball	___ Pickle ball	___ Discus
___ Soccer	___ Tetherball	___ Hurdles	___ Steps
___ Tag	___ Softball	___ Tennis	___ Swings
		___ Monkey bars	___ Climbing
		___ Play Structure	___ Tricycle

PART 2- DIAGNOSIS OR REASON FOR RESTRICTION:

_____

_____

_____

PART 3-ADDITIONAL COMMENTS/AND OR RESTRICTIONS:

_____

_____

_____

PART 4- PHYSICIAN INFORMATION

PHYSICIAN'S SIGNATURE:_____DATE: _____

PHYSICIAN'S PRINTED NAME:_____

PHYSICIAN'S ADDRESS:_____ PHYSICIAN'S TELEPHONE:_____

PHYSICIAN'S STAMP:

PLEASE FAX OR CALL TO THE STUDENT'S DESIGATED SCHOOL SITE:

Olive Drive Elementary	*Veteran's Elementary*	*William Bimat Elementary*	*Norris Elementary*	*Norris Middle*
Phone: 661-387-7040	Phone: 661-387-7050	Phone: 661-387-7080	Phone: 661-387-7020	Phone: 661-387-7060
Fax: 661-399-3149	Fax: 661-589-5758	Fax: 661-589-7849	Fax: 661-587-9043	Fax: 661-399-9750