

**Caroline County Public Schools
Physical Education Program Restriction Authorization**

Student Name: _____ Date: _____

Date of Birth: _____ Grade: _____ School: _____

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Activities Modification for Participation in Physical Education Program

Health Care Provider: All students registered in Caroline County Public Schools are required by the Code of Maryland Regulations (COMAR) and the Maryland State Board of Education to attend courses of instruction in physical education in grades K-8. Caroline County Public Schools also require a one-credit high school physical education course for graduation. A student who is unable to fully participate in the *physical education program* due to a medical condition can have activities modified. Please assist us in modifying this student's physical education program by completing this entire form and returning it to the school nurse.

Diagnosis and Description of Limitations:

Physical Education with Restricted Activities as Listed Below:

- No high cardiovascular demand activities/sports.
- No running/jumping or other high impact activities/sports.
- No upper body weight lifting.
- No lower body weight lifting.
- No _____
- No _____
- Student has a follow-up appointment scheduled on _____. Restrictions will be reevaluated at this appointment.
- Student may resume physical education participation without restrictions on (date): _____

Health Care Provider (Signature)
Phone #: _____ Fax # _____
Date: _____

Health Care Provider Name (Print)
Address: _____

- Copies to: Physical Education Teacher Nurse School Counselor
 Athletic Director Recess Monitor Homeroom Teacher