

**ELEMENTARY SCHOOL PHYSICAL EDUCATION
ACTIVITY RESTRICTION FORM**

STUDENT'S NAME: _____ **DOB** _____ **GRADE:** _____

Provider: Please complete BOTH parts.

Part 1 – Place a check mark next to RESTRICTED ACTIVITY.

Full-Contact/Collison	Limited Contact/Impact	Non-Contact		
___ RESTRICT ALL or only restrict: ___ Floor Hockey ___ Group Games ___ Touch/Flag Football ___ Lacrosse ___ Soccer ___ Speedball ___ Team Handball	___ RESTRICT ALL or only restrict: ___ Basketball ___ Gymnastics ___ Kickball/Softball ___ Tumbling ___ Volleyball	___ RESTRICT ALL	Or only restrict: ___ Aerobics/Dance ___ Balance Activities ___ Cross Country ___ Juggling Activities ___ Jumping Activities ___ Monkey Bars ___ Obstacle Course	___ Rockwall ___ Rope Climbing 6' ___ Running/Jogging ___ Skill Work (basic) ___ Slides ___ Tennis/Badminton ___ Track & Field

Part 2 – Reason for restriction:

Duration of Restriction: From _____ To _____ Until Further Evaluation.

Next appointment date: _____

Provider Signature: _____ **Date:** _____

Please Print: _____ **Providers Telephone:** _____

Fax Form to _____

Attention: School Nurse

Phone: _____