



Medical Exclusion from Physical Education

Physical Education is a required class for all 7th, 8th, and 9th grade students. If your child has a medical condition which limits his/her participation in Physical Education, the attached form needs to be filled out and returned to the counselor at the beginning of each new semester.

Please ask your Physician to be specific about exact modifications and exemptions. For example:

- Power walking instead of running *or* walk/jog combination
- Only stretching *or* lower (or upper) body stretching only
- Can walk but can't run *or* can only run a short distance *or* slow jog instead of run

Participation is the key element in every Physical Education class. Students who are sick or injured can be excused by parents; however, this results in zero points for the day. It is the student's option and responsibility to make these points up. Parent notes are acceptable for up to 3 days only and any injury or illness lasting longer than 3 days will require a Doctor's note.

If your child has a long term medical problem, the attached medical form should be completed and signed by a doctor. The following applies for any student who returns the attached medical form signed by a doctor.

7th and 8th Grade Students may:

1. Stay enrolled in their Physical Education classes and participate in modified activities
2. Resume all PE activities when the Doctor's note expires (and not before)
3. Receive a "no grade" if they cannot participate for greater than 50% of daily activities
4. Be transferred to another class or the library for the remainder of the semester
5. Be given an alternative assignment to replace the PE activities

9th Grade Students must complete 2 years of Physical Education for high school graduation. If they are physically unable to take PE in 9th grade, they will be required to take 2 years of P.E. in grades 10 - 12.

9th grade students who miss more than 50% of daily class participation due to medical limitations may:

1. Be disenrolled from PE and transferred to another class or the library for that semester
- OR--
2. Receive "no grade/no credit" on their report card

Please sign that you have read and understand the Medical Exclusion Policy.

Parent

Date

Child

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EXCLUSION/LIMITATION

Student _____ DOB _____ Date _____

School _____ Grade _____ Teacher _____

Dear Physician: The parents of this student have requested that he/she have limited physical education (P.E.) activities or that he/she be excused from all P.E. activities due to a health condition. Please provide the information requested and return it to the person designated below so that an appropriate P.E. program can be implemented. Thank you.

1. The parent's signature below will authorize the physician to exchange medical information with the school district.

Signature Parent/Guardian Date

Doctor completes this section:

2. Diagnosis:

3. Exclusion from all P.E.: Yes No. If No, please complete items 4, 5, 6 & 7.

4. Activities: Please check below the P.E. activities in which the student **CAN** participate:

Running (cardiovascular)

Calisthenics/warm-up exercise

Upper Body Workout

Lower Body Workout

Jumping

Team sports (i.e., softball, soccer, etc.)

Other, please specify: _____

5. Please describe modifications to any of the activities (i.e. walk instead of run).

6. Please list specific movements that should be avoided:

7. Duration of the modified or exclusion from P.E. activities: _____

PLEASE RETURN TO: Harper Counseling Office

Physician's Signature Date