



# School District of New London

## DISTRICT ADMINISTRATION OFFICE

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Parkview Elementary 920-982-8538  
920-982-8700 (FAX)  
Readfield Elementary 920-667-4265  
920-667-4295 (FAX)  
New London High School 920-982-8420  
920-982-8441 (FAX)  
Board of Education Office 920-982-8530  
920-982-8551 (FAX)

Lincoln Elementary 920-982-8540  
920-982-8701 (FAX)  
Sugar Bush Elementary 715-752-4135  
715-752-4010 (FAX)  
New London Middle School 920-982-8602  
920-982-8605 (FAX)  
Catalyst Academy 920-982-8686  
920-982-8441 (FAX)

## Activity Limitation and Physical Education Excuse Form

Date \_\_\_\_\_ Student Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

**Description of injury/illness:** \_\_\_\_\_  
*State education law requires that all students be enrolled in a course of physical education. The physical education program is planned so that every student in school should be able to benefit from some phase of this program. Since we wish to do what is best for each student, we will attempt to modify our activities to meet the specific restrictions of the student.*

### Recommendations:

\_\_\_ **NO restrictions** at this time. Allowed to participate in all activities.

\_\_\_ **NO participation** in any activity which includes: RECESS, PE & SPORTS until (date): \_\_\_\_\_

\_\_\_ **Modified participation** IN ALL ACTIVITY which include RECESS, PE & SPORTS until (date): \_\_\_\_\_  
*(Please specify activities allowed to participate in below)*

### \*\*Please CHECK which activities the student is ALLOWED to participate in:

- Walking/Treadmill     Running/jogging     Stationary bike     Upper body activities i.e.: pushups, pulls ups, throwing  
 Upper body strength training \_\_\_ # limit     Lower body strength training \_\_\_ # limit  
 Rehabilitation (Include exercise prescription)

**Recess activities:**  Monkey bars     Swings     Jungle gym     Kicking a ball     Other: \_\_\_\_\_

### \*\*\*Comments or additional accommodations needed:

- Ice needed: apply ice for \_\_\_ minutes every \_\_\_ hours  
 Extra rest or elevation needed: elevate for \_\_\_ minutes every \_\_\_ hours  
 Elevator Pass needed: for \_\_\_ days

### Specific recommendations and comments:

**\*\*\*Attention Care Provider:** Please be aware that few injuries require complete exclusion from all activity. Most students can participate with modifications.

Care Provider Name: (please print) \_\_\_\_\_ Phone: \_\_\_\_\_

Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_