



SCHOOL DISTRICT OF NEW LONDON

School Health Services

Susan Resch, BSN, RN
School District Nurse
920-538-2975



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
920-982-8449 (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
920-982-8689 (FAX)

Activity Limitation and Physical Education Excuse Form

Student Name _____ DOB _____ Grade _____

Parent Name _____ Phone _____

Address _____ Date _____

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: SPORTS, RECESS & PE CLASS until (date): _____

_____ **Modified participation** IN ALL ACTIVITY which include: SPORTS, RECESS & PE CLASS
(please specify below) until (date): _____

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

- () Walking/Treadmill () Upper body strength training () Stationary biking () Jogging (weight limit: _____)
- () Running () Lower body strength training () Upper body activities () Rehabilitation (Include exercise prescription)
(weight limit: _____)

*** Comments or additional accommodations needed:

- () Ice needed: _____ length of time needed
- () Extra rest or elevation needed: _____ length of time needed
- () Elevator pass needed: _____ length of time needed

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: _____