

Nursing Services
Chippewa Falls School District
High School Physical Education

Student Name

Parent or Guardian

Listed below are the activities for High School Physical Education. Please indicate if there is an activity that your child may **not** participate in. In the space provided below, please indicate the reason and **length of time** your child will need to be excused. **A Physician/Health care provider's signature is necessary to excuse your child from an activity.**

_____ Full activity with contact sports

_____ Full activity without contact sports

_____ Moderate activity (walking, golf, badminton)

_____ Mild activity (simple games, shuffleboard, table tennis, yard games
(bocce, ladder golf))

_____ Weight Training

_____ Upper body work _____ Lower body work

_____ Cardiovascular room (elliptical, exercise bike, stairs, treadmill)

_____ Therapy based activities

Other:

Date

Signature of Provider