

**Nursing Services**  
**Chippewa Falls School District**  
**8<sup>th</sup> Grade Physical Education**

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent or Guardian

Listed below are the activities for 8<sup>th</sup> grade 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 providers signature is necessary to excuse your child from an activity.

- \_\_\_\_\_ Archery
- \_\_\_\_\_ Badminton
- \_\_\_\_\_ Emergency Water Safety
- \_\_\_\_\_ Circuit training and weight lifting
- \_\_\_\_\_ Flag Football
- \_\_\_\_\_ Golf
- \_\_\_\_\_ Softball
- \_\_\_\_\_ Pickle ball
- \_\_\_\_\_ Volleyball
- \_\_\_\_\_ Team sports (floor hockey, team handball, and trench games)
- \_\_\_\_\_ Fitness testing, (mile run/walk, curl ups, flexibility tests, and modified pull-ups.
- \_\_\_\_\_ Cardio (Elliptical Stationary Bike)
- \_\_\_\_\_ Other concerns (please explain below)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician/Health care provider