



Nursing Services
Chippewa Falls School District

6th Grade Physical Education

Name of Student

Parent or Guardian

Listed below are the activities for 6th 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 Physican/Health care providers signature is necessary to excuse your child from an activity.

_____ Adventure education (wall climb and cooperative games)

_____ Basketball

_____ Dance

_____ Weight lifting

_____ Outdoor Recreation (kickball, horseshoes, ultimate football)

_____ Cardio Machines (elliptical or bike)

_____ Fitness Testing (mile run, curl-ups, modified pull-ups, flexibility tests)

_____ Soccer

_____ Softball

_____ Swimming (instructional and watergames)

_____ Volleyball

_____ Other concerns (please explain below)

Date

Signature of Physician/Health care provider