



Nursing Services
Chippewa Falls School District
7th Grade Physical Education

Name of Student

Parent or Guardian

Listed below are the activities for 7th 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
- _____ Flag football
- _____ Trench
- _____ Basketball
- _____ Badminton
- _____ Cardio machine (elliptical or bike)
- _____ Weight lifting
- _____ Team building (cooperative games and wall climbing)
- _____ Soccer
- _____ Mini-unit (floor hockey, whiffleball, and spasketball, a combination of soccer and basketball)
- _____ Swimming
- _____ Volleyball
- _____ Physical Fitness testing, (mile run/walk, curl ups, flexibility, and upper Arm strength)
- _____ Other concerns (please explain below)

Date

Signature of Physician/Health care provider