

Activity Restriction Form

This form is to suspend temporarily active physical activity for your child due to injury or other physical conditions.

Student Name: _____

Condition/Injury -- The nature of the physical condition temporarily limiting my child's activity, and accommodation in place (cast, crutches, wheelchair, etc):

I have provided a doctor's note (optional).

Check all that apply:

Beginning immediately, **please withhold** my child from the following physical activities:

- Outdoor courtyard play (Preschool and Kindergarten only)
- Outdoor recess on playground (Primary through Upper)
- Indoor recess in gym (Primary through Upper)
- Free play in gym (Preschool and Kindergarten, and all students in After-school Care)
- PE class (Kindergarten through Upper)

Check one:

- My child may resume full physical school activities on _____ (date).
- Withhold my child from activities named above until further written notice.

Parent/Guardian signature:

Date:

Printed name: _____