

DARIEN PUBLIC SCHOOLS
Department of School Health Services
Physical Activity Start Restriction – End Restriction Form

Student's Name _____ Date _____

Onset of Illness or Injury (date): _____ Diagnosis(optional) _____

Activity restrictions until (date): _____

In order to fulfill physical education requirement, student:

<u>May do</u>	<u>May Not Do</u>	<u>Physical Activity</u>
_____	_____	Full Activity including Contact Sports
_____	_____	Full Activity except for Contact sports
_____	_____	Walking and/or running
_____	_____	Lower Body exercise and/or weights
_____	_____	Upper Body exercise and/or weights
_____	_____	Other _____
_____	_____	<u>Substitute Activity: Arrange with PE teacher to</u> (encouraged but not required in Grades K-5)
_____	_____	Avoid missing class by watching class and/or assisting teacher
_____	_____	Make up for missed time by reading about a sport or health topic*
_____	_____	Make up for class time in independent study**

*MMS and DHS if restriction a week or less. **DHS if restriction greater than a week.

Next follow-up visit with MD (date if any) _____

Student is cleared to return to full activity including contact sports on (date if known) _____

 Health Care Provider's Name Signature Date Phone Number

Parent's name required if illness/injury exceeds 5 days:

 Parent's Name Signature Date Phone Number

*Middle School and High School Students: Please read and sign:
 I understand that it is my responsibility to work out with my PE teacher a substitute activity for which I may receive credit if I cannot attend gym class.*

 Student's Name Signature Date

This form must be completed again each quarter that the student is restricted