Physical Education: Parent Note
(Please Print or Type)

Student Name: ___________________________ Date: ____________ Injury or Illness (Circle One)

Injury to: _____ Knee _____ Ankle/foot _____ Back _____ Elbow _____ Wrist
_____ Head/Neck _____ Shoulder _____ Hand/Fingers _____ Hip

Describe Nature of Injury or Illness: ________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Physical Education Modifications:
Please place an “X” in front of any of the activities your child is NOT ALLOWED to do.

_____ Walking/Powerwalking _____ Jumping activities _____ Push ups
_____ Run or jog _____ Lifting _____ Sit ups/crunches
_____ Stretching exercises _____ Throwing _____ Other**

**Please explain OTHER: ________________________________________________________

Anticipated length of modified activity as per this parent note: 1 class period 2 class periods
(please circle one only)

Any additional information to share regarding injury or illness:

_____________________________________________________________________________
_____________________________________________________________________________

________________________________________________
________________________________________________

Parent Signature (REQUIRED) Contact Information (phone or email)

**Please be advised that this parent note is good for 2 class periods only.
Any injury or illness extending beyond 2 class periods requires a doctor’s note.**