The Cambridge School

Physician's Authorization for Physical Education and Activity Post-Injury/Illness

This form is to be completed by when the named student requires physical activity limitations to accommodate his/her needs at school.

PLEASE RETURN COMPLETED FORM TO THE SCHOOL NURSE

Student's Name ______________________________ Date ______________

Birth Date ______________ Grade __________ Date of injury/illness onset ______________

THIS PORTION TO BE COMPLETED BY A PHYSICIAN LICENSED IN THE STATE OF CALIFORNIA

The school nurse may need to reach the prescribing physician to clarify these orders, when necessary, in order to properly accommodate the student's special need. Changes in student ability may require renewal of these written instructions.

- **Diagnosis or condition(s) limiting activity:** ______________________________
- **Date student may resume P.E. participation:** ______________________________
- **Please indicate all restricted activities for this student during the school day:**

■ Basketball	■ Gymnastics	■ Lower back exercises	■ Upper back exercises	
■ Catching-type games	■ Jogging	■ Running	■ Upper body movement	
■ Contact sports	■ Jumping	■ Soccer	■ Walking	
■ Cross country running	■ Jump roping	■ Squatting	■ Weight lifting	
■ Dancing	■ Kicking	■ Straight leg lifts	■ Yoga	
■ Flexibility/Stretching	■ Leg strengthening	■ Tumbling/summersaults		
Playground Activities:	■ Bars ■ Play structure	■ Slide	■ Swings	■ Gaga ball

- **Other restrictions:**

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- **Does the student have a medical need for the use of assistive devices?** ■ No ■ Yes

  If yes, indicate device: ■ Wheelchair ■ Crutches ■ Scooter ■ Helmet ■ Other: ______________

  Length of time for use recommended: ______________________________

  For which activities must the device be used (i.e. classroom, recess)? ______________________________

Physician's Signature ______________________ Name *(print)* ______________________

CA Medical License (MD/DO/NP/PA) ______________ Phone ______________ Fax ______________

Parent's Signature ______________________ Phone ______________ Date ______________