

TO: Parents and Guardian of Bishop Baraga Students

RE: A Notice About Physical Education Classes

If you son/daughter is to have limited physical education due to injury or illness, please have your doctor fill out this form. Additional forms may be obtained from the physical education teacher or school office.

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Dear Physician:

State education law requires that all students be enrolled in a physical education course. The physical education program at Bishop Baraga Catholic School is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities/schedule to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and recommend the activities in which the student may not safely participate considering his/her injury or illness. We will develop a program of activity based on your recommendations. Thank you for your time, assistance and consideration.

Sincerely,

Bishop Baraga Catholic School Physical Education Department

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NAME OF STUDENT/PATIENT: _____

DATE OF OFFICE VISIT: _____

INJURY/ILLNESS: _____

SPECIFIC INSTRUCTIONS REGARDING PARTICIPATION: _____

LIMITED PARTICIPATION COVERS DATES FROM: _____ TO: _____