



Northwest Christian Schools

HEALTH SERVICES

5028 East Bernhill Road, Colbert, WA 99005

Email: healthoffice@nwcs.org

Telephone: 509-292-6700 x107

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ACTIVITY RESTRICTIONS

Student Name: _____ Birthdate: _____

Condition: _____

Student has NO activity restrictions and can fully participate in P.E. and recess? Yes No

Is incidental contact or accidental contact prohibited for the student? Yes No

If YES, student will be exempt from P.E.

If the student has activity restrictions, what is the student's activity level? _____

Light

walking
computers
desk activities
reading

Moderate

jogging
playing catch
playground structure
dancing / cartwheels

Full Activity – No Restrictions

running
basketball
field games: soccer, touch football
wall ball: throws tennis ball at wall then catches it

Additional information: _____

Will this activity restriction expire? Yes No

If YES, when? _____

Physician Signature: _____

Date: _____

Parent / Legal Guardian Signature: _____

Date: _____

NWCS STAFF MEMBER CHECKLIST

- Notify School Nurse, teachers, and staff members
- Scan and upload this form to the student's RenWeb portfolio

Receiving Staff Member: _____

Date: _____