

# NWCS Activity Restrictions

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Condition: \_\_\_\_\_

Student has **NO** activity restrictions and can 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	Moderate	Full Activity – No Restrictions
Walking	Jogging	Running
Computers	Playing Catch	Basketball
Desk Activities	Playground Structure	Field Games: Soccer, etc.
Reading	Dancing/Cartwheels	Wall Ball

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: \_\_\_\_\_