



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: _____