

**FREEHOLD TOWNSHIP SCHOOLS
PHYSICAL ACTIVITY LIMITATIONS**

To promote the health and well-being of all students and to protect them against further injury, the following regulations have been adopted by the Freehold Township Board of Education:

1. A child may be excused from two consecutive days of physical education/directed physical activity with a note from the parent/guardian unless there is an obvious injury (#3).
2. Additional or extended excuses from physical education/DPA require the signed, written order of a physician, dentist or chiropractor.
3. A child with any obvious injury (i.e., cast, sling, sutures, splint, brace, supportive bandage) or who has returned following surgery or an extended serious illness will be removed from physical education by the school nurse, who must notify the building principal of her action. A written directive **SIGNED** by the child's doctor allowing the child to participate will be required to return the child to the program.
4. Any child excused from physical education may not participate in DPA, playtime, lunchtime play or any sports activity.
5. Children so excused may report to the physical education teacher during class time, but may not be on the playground during playtime or lunchtime play.
6. Children who are not totally excused from physical education, but who, because of a medical condition, are limited in the type and/or amount of physical activity they may pursue, may be permitted to participate in certain activities which their physician specifies in writing. These activities must be approved by the school physician.

In view of these requirements, we request that you ask your child's doctor to complete this form for the following reasons:

_____ Present a written directive from your child's doctor excusing your child from physical education

_____ Have your child's doctor determine the date your child may resume full activity

REPORT OF PHYSICIAN, DENTIST OR CHIROPRACTOR

NAME OF PATIENT _____ DATE _____

TEACHER _____

PHYSICAL EDUCATION TEACHER _____

DIAGNOSIS _____

THE ABOVE PATIENT IS EXCUSED FROM PHYSICAL EDUCATION UNTIL _____

DATE SIGNED _____

SIGNATURE OF DOCTOR (no stamps or counter-signatures) _____

DOCTOR'S TELEPHONE _____

DOCTOR'S NAME (PLEASE PRINT) _____