Dear Parent,

All students enrolled in Northside Independent School District are required to

take a designated amount of physical education at each grade level. A student will be

assigned to a restricted physical education program when it is possible to accommodate

the student’s physical limitations by modifying the activities of a regular physical

education program. A “restricted” physical education program is taught

a

Date ___________________ Medical Report

Dear Dr. _______________,

All students in the State of Texas are required to take a designated amount of physical

education at each grade level. A student who is unable to participate in the regular

physical education program, due to a specific physiological condition, will have their

program modified into a restricted physical education program.

Student Name _________________________ School ____________________

FINDINGS AND RECOMMENDATIONS TO THE SCHOOL:

I have examined ___________________________and find the following

physiological condition(s) ____________________________________

____

Condition is: permanent temporary

Please list any other medical contraindications to physical activity:

____

PHYSICIAN’S APPROVAL AND RECOMMENDATIONS:

Approved _______ Recommended until __________________ 20 _____

Comments:

Signature of Physician _________________________________ Date_____________

Address _________________________________

Phone __________________________________

5900 Eve rs Roa d, Bui

͆



͐ Comments _______M

͆

B

CONTACT SPORT/ACTIVITY GUIDE