

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

HEALTH SERVICES

PHYSICAL EDUCATION RESTRICTION NOTICE

Date: _____
Student: _____
Grade: _____
School: _____

Dear Parent:

The Parsippany-Troy Hills Board of Education requires all students to participate in a physical education program unless excused by a physician.

Please have your physician complete the form below.

Thank you,
School Nurse

Dear Doctor:

According to school records, the above mentioned student has a past history of _____

In order for him/her to participate in physical education, it will be necessary for us to have your written evaluation.

Diagnosis: _____

No Restrictions: _____

Restrictions: _____

PLAYGROUND ACTIVITIES:

Student may go on the playground and use the following equipment:

- Swings
- Slides
- Climbing playscapes (monkey bars)
- Any other school playground equipment

ADDITIONAL SCHOOL ACTIVITY CONSIDERATIONS: _____

Physician: _____
Signature

Address: _____

Telephone: _____

Date: _____

NOTE: MUST BE RETURNED TO SCHOOL NURSE BEFORE FIRST DAY OF SCHOOL.