



Education Service Center
 627 4th Street • Sioux City, Iowa 51101
 Phone: (712) 279-6643 • Fax: (712) 279-6879
 www.siouxcityschools.org

**MEDICAL EXCUSE FORM
 PHYSICAL EDUCATION CLASS- BOARD POLICY 602.11-E**

Parents: In order for your child to be medically excused from physical education class, a physician's note must be on file at your child's school. Please return the medical excuse form to your child's physical education teacher. The physical education teacher will place this form in your child's permanent school record file. Medical excuse forms must be renewed annually.

Indicate below which school activities your child will be involved in during the present school year.

Fall		Winter		Spring	
Cross Country	_____	Basketball	_____	Track	_____
Football	_____	Wrestling	_____	Golf	_____
Volleyball	_____	Bowling	_____	Tennis	_____
Swimming	_____	Swimming	_____	Soccer	_____
Marching Band	_____	Cheerleading	_____	Show Choir	_____
Cheerleading	_____	Dance Team	_____	Other	_____
Dance Team	_____	Show Choir	_____		
Show Choir	_____	Other	_____		
Other	_____				

Parental Consent for Release of Information

I give my consent for the release of information on my child's medical condition to my child's physical education teacher and/or school nurse.

 Signature of Parent/Guardian

 Date

The Sioux City Community School District is an equal opportunity/affirmative action employer. It is an unfair or discriminatory practice for any educational institution to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, religion, age (for employment), disability, socioeconomic status (for programs), marital status (for programs), or veteran status in its educational programs and its employment practices. Inquiries or grievances may be directed to Jen Gomez, Director of Student Services & Equity Education at 627 4th Street, Sioux City, IA 51101, (712) 279-6075, gomezj2@live.siouxcityschools.com.

PE OFFICE USE ONLY:

Received by _____ Date _____

09/08/2014

MEDICAL EXCUSE FORM FROM PHYSICAL EDUCATION CLASS

NAME OF SCHOOL _____ DATE _____

STUDENT'S NAME _____ GRADE _____

PHYSICAL EDUCATION TEACHER _____

PHYSICIAN'S NAME _____ PHONE # _____

DIAGNOSIS _____

RESTRICTIONS EFFECTIVE: From _____ To _____

ACTIVITY LEVEL:

Please indicate below your recommendations for physical education class (check one please).

_____ Student should be allowed to participate in all activities without restrictions.

_____ No physical education class or school sponsored activities.

_____ Partial restrictions, I recommend the following activities:

Recommendations:

Comments:

Physician's Signature _____ Date _____