

Garden City Department Of Athletics and Physical Education Medical Restriction Form

All students registered in the schools in New York State are required by education law to attend classes in Physical Education. These classes are required to be modified to meet individual student needs when a student is unable to participate in the unrestricted Physical Education program. Your recommendation will assist the Physical Education Department in modifying this student's program.

Thank you for your anticipated cooperation.

Sign) 
Dawn Cerrone, District Director of Physical Education, Health & Athletics

Name of Student _____ Grade _____ PE Class Period _____

Medical Diagnosis _____

Dates of Restriction _____

No Physical Activity Permitted Can Participate in a Walking Program
 Can Participate in the Physical Education Program on a Self Limited Basis

This Student **may not** participate in the following Physical Education activities. **Please mark all that apply.**

Contact/Collision	Limited Contact/ Impact	Strenuous	Nonstrenuous
Field Hockey Floor Hockey Football Ice Hockey Lacrosse Soccer Touch Football Wrestling	Baseball Basketball Diving Gymnastics Handball Cross-country Downhill Softball	Weight Training Cross-country Track & Field Swimming Tennis Step Aerobics Dancing Cooperative Games	Archery Bowling Golf Riflery Walking

Please specify adaptable exercises student **MAY** perform _____

DATE

HEALTH CARE PROVIDER SIGNATURE
Please use office stamp

Address/phone number

*NYS recognized Health Care Providers: MD, DO, NP, PA, Chiropractor (Limited to practice).
08/2014