



Return to School/Physical Education

Print Form

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™



Illinois Chapter

Student's Name: _____

Date: _____

RETURN TO SCHOOL STATEMENT

- May return to school
- May return to school after (#) _____ of weeks
- Next appointment: _____

ACTIVITIES RECOMMENDED AT SCHOOL

- No restriction of activity
- No gym/sports in (#) _____ weeks
- May participate in gym, but not competitive sports
- May resume sports in (#) _____ weeks
- May resume gym in (#) _____ weeks
- May climb stairs with crutches/elevator OK
- Needs assistance between classes
- Set of extra books for home use recommended
- In place of PE: see **Modified Activity**
- Physical Therapy: OK to substitute for PE
- May work with certified athletic trainer
- Equipment:
 - Crutches
 - Braces
 - Cast
 - Walking (CAM) boot
 - Other: _____
 - # of _____ weeks

MODIFIED ACTIVITY (check all that apply)

- No contact sports (see table on reverse side)
- No strenuous sports (see table on reverse side)
- No overhead sports
- No running/jumping
- No weightlifting
- No throwing
- No upperarm/overhead
- Biking/elliptical/stair master OK
- Swimming OK
- Physical Therapy exercise OK in place of gym

RESTRICTIONS: _____

COMMENTS: _____

PHYSICIAN INFORMATION

Physician's Signature: _____

Physician's Name: _____

Address: _____

