



SONORA HIGH SCHOOL

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|| Lance Morrow, Principal || Sherryl Godfrey, Assistant Principal || Karen Sells, Assistant Principal

Sonora High School Physical Education Modifications for Injury or Illness

To parent and/or health care provider of (student) _____ Date of Birth: _____

Date of injury or onset of illness: ____/____/____

Diagnosis or condition(s) limiting activity: _____

The school district needs this form to be completed for the above-named student for reasons of injury or illness. Under California Education Code, Section 51241, exemption from Physical Education may be granted temporarily for an ill or injured student only if "a modified program to meet the needs of the pupil cannot be provided." To comply with California state law, this district cannot completely exempt a student from physical education until it is established that PE modifications cannot be safely provided. To do so, district and PE personnel must understand the nature of a student's illness or injury, as explained by the student's licensed health care provider.

Please note that:

- ~ A physician's note is necessary, but may be insufficient to completely excuse a student from PE if the note does not adequately explain how a modified PE program is inappropriate or unsafe.
- ~ Adaptive or modified PE programs may safely accommodate a student who is well enough to otherwise attend school.

This form may be used by the managing licensed healthcare provider to describe the medical/orthopedic condition or injury. **Return form to parent to distribute to appropriate school personnel, with an attached office card.**

Anticipated duration of limitation in days (or date full PE participation is permitted): _____

Checked selections below indicate that student may not participate in the activity, or whether it can be modified at the discretion of school staff). **THE STUDENT IS NOT ABLE TO PARTICIPATE IN:**

- Classroom activity (e.g., written assignments related to physical education topics)
- Aerobic exercise as tolerated (e.g., no specific cardiopulmonary restrictions)
- Vigorous lower extremity exercise (e.g. running, jumping, kicking, jogging)
- Light lower extremity exercise (e.g. walking, stationary bike)
- Upper extremity exercise/weight bearing (e.g. lifting, throwing)
- Contact sports (i.e. no recent concussion; no higher risk for solid organ injury)
- Stretching and flexibility exercises (indicate if any upper body, lower body restrictions): _____
- All strength exercise (indicate if any limitations to upper body, lower body) _____
- Activity requiring change of dress (if not, describe medical reasons): _____

Specific restriction:

Other _____

Health Professional (printed name) Signature Date CA License No. Telephone #

Student's healthcare provider may reach this school staff member to explore PE modifications or discuss limitations:

School staff member to contact Telephone number Best days/hours to reach Fax number