

SIA HEALTH SERVICES
2706 E Queen • Spokane WA 99217 • Telephone (509) 209-8730 • Fax (509) 209-8078

ACTIVITY RESTRICTIONS AT SCHOOL (Elementary)

Student Name: _____ School: _____

Condition: _____ Grade: _____ Birthdate: _____

Please **CHECK** the Sports or Activities this student **CAN** participate in at school:

PE Activities:

- ___ Archery
- ___ Basketball
- ___ Bowling
- ___ Capture the Flag
- ___ Dance or Rhythmic Skills
- ___ Field Events
 - ___ Javelin
 - ___ Shot-put
- ___ Field Hockey
- ___ Floor Hockey
- ___ Football, Touch or Flag
- ___ Gymnastics
- ___ Handball
- ___ Lacrosse
- ___ Push Ups
- ___ Race Walking
- ___ Racquetball
- ___ Relays
- ___ Rope Jumping
- ___ Running
- ___ Sit Ups
- ___ Soccer
- ___ Softball
- ___ Swimming
- ___ Track
- ___ Ultimate Frisbee
- ___ Volleyball

Recess Activities:

- ___ Basketball
- ___ BUMP (trying to shoot the most hoops)
- ___ Chicken Bars
- ___ Fly Up Football: Tossing the football to a group of kids who try and catch it.
- ___ Football, Touch or Flag
- ___ Foursquare
- ___ Shooting Hoops (not playing on a team)
- ___ Soccer
- ___ Swings
- ___ Tetherball
- ___ Tossing a football back and forth between two people
- ___ Wall Ball: Use a tennis ball and throw it against the wall and a kid tries to catch it.

Other Activities He/She **CAN** Participate In:

Other Activities He/She **CANNOT** Participate In:

Is incidental contact or accidental contact **prohibited** for the student? Yes / No

If Yes: Student will be exempt from P.E.

Additional Info: _____

Parent Signature: _____ Date: _____

Physician Signature: _____ Date: _____