

SIA HEALTH SERVICES

777 E Magnesium Rd. Spokane, WA 99208 - (509) 209-8730 - Fax (509) 321-9650

ACTIVITY RESTRICTIONS AT SCHOOL (Elementary)

Student Name:		School:	
Condition:		Grade:	Birthdate:
Please CHECK the Sports or A	Activities this studen	nt CAN particip	ate in at school:
PE Activities:	Recess Activit	ties:	
ArcheryBasketballBowlingCapture the FlagDance or Rhythmic SkillsShot-putShot-putShot-putFloor HockeyFootball, Touch or FlagGymnasticsHandballLacrossePush UpsRace WalkingRace WalkingRacquetballRelaysRope JumpingRunningSit UpsSoccerSoftballSwimmingTrackUltimate FrisbeeVolleyball	Chicken Bay Fly Up Food catch it. Football, Toursquare Shooting Foocer Swings Tetherball Tossing a food wall Ball: United to cate	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	
Is incidental contact or acciden	-	ed for the stud	dent? Yes / No
If Yes: Student will be exempt			
Additional Info:			
			Data:
Parent Signature:			
Physician Signature:			Date: