

Sidney Public Schools - Physical Education Medical Excuse

Name _____ Date _____

Injury Information:

Date of Injury: _____ Date of Appointment: _____ Injury: _____

Recommendation: Please circle appropriate areas.

A. No Restrictions

B. Partial Participation (_____ # of days until these activities can resume?)

The student may **NOT** participate in the following exercises and skills:

____ Stretch_Curl-ups_Sit-ups_Push-ups_Walk

____ Job_Run_Jumping_Kick_Jump Rope

____ Bicycle_Throw & catch_Paddle /Racket Skills

____ Weight Lifting

C. Activity participation (_____ # of days until these activities can resume?)

The student may not participate in the following:

Non-contact sports: (racket sports, dancing, etc.)

Contact sports: (Soccer, hockey, basketball, etc.)

Weight lifting

D. No participation (_____ # of days until any activities can resume?)

Medical Provider's Signature: _____

Parent/student may return this for to the school office or it may be faxed to the appropriate school.

Fax numbers

Sidney High School: 406-433-2481

Sidney Middle School: 406-433-4052

Central Elementary: 406-433-4358

West Side Elementary: 406-433-9186