

**Gloria Dei Lutheran School
Limited Activities Form**

Child's Name _____

Teacher _____

Date _____

Grade _____

1. Please describe the nature of the problem for which activities must be restricted.

2. Will your child need to be restricted from activities for more than two days or two P.E. classes? **Yes No**

3. Is your child under a doctor's care? **Yes No**

4. Do you have a doctor's excuse? **Yes No** If so, please attach a copy.

5. What are the specific activities your child must be restricted from at this time?
(Please circle the major activities below in which your child should not participate.)

A. PHYSICAL EDUCATION

(If you circle P.E., please specify if your child should stay in the office while the rest of the class is at P.E.)

If your child can participate in P.E. on a limited basis, please circle the activities below that he / she **should not do**.

| | | |
|----------|----------------|----------------|
| running | throwing balls | throwing balls |
| exercise | pull-ups | kicking balls |
| jumping | outdoor games | horseshoes |

B. OUTDOOR RECESS

(If you circle outdoor recess, your child will not be allowed to go out with his/her class.)

If your child is able to go out to recess on a limited basis, please circle the activities below that he/she **should not do**.

walking
climbing equipment
monkey bars
soccer, basketball, dodge ball
running
being around others who are playing

C. WEIGHT RESTRICTIONS

lifting backpack
carrying books

(Specify the maximum number of books student may carry at once.)

Other information or restrictions: (Please be specific.) _____

Despite all attempts to keep your child perfectly safe at school, there is always a chance that he or she may fall, be bumped by another student, or even bump his or her head. If any of these or other similar types of accidents would cause further injury or reinjury, you may want to consider keeping your child at home until such time that it is safe for him/her to be in class. Your signature on this form indicates that you understand the inherent risks of having your child at school and in class with other children.

Parent's Signature _____ This authorization is in effect until _____.