

**Authorization for Return to Physical Education Program**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

The above-named student was seen on \_\_\_\_\_ and was absent from school on the following dates: \_\_\_\_\_.

The student may return to school on \_\_\_\_\_.

The student may resume full participation in physical education.

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**Activities Modification for Participation in Physical Education Program**

**Health Care Provider:** All students registered in the Baltimore County Public Schools are required by the Code of Maryland Regulations (COMAR) and the Maryland State Board of Education to attend courses of instruction in physical education in grades K-8. Baltimore County Public Schools also requires a one-credit high school physical education course for graduation. A student who is unable to fully participate in the *physical education program* due to a medical condition can have activities modified. Please assist us in modifying this student’s physical education program by completing this entire form and returning it to the school nurse.

**Diagnosis and Description of Limitations:**

\_\_\_\_\_  
\_\_\_\_\_

**Physical Education with Restricted Activities as Listed Below:**

- No contact activities/sports.
- No high cardiovascular demand activities/sports.
- No running/jumping or other high impact activities/sports.
- No weight lifting.
- No \_\_\_\_\_.
- No \_\_\_\_\_.
- May resume full physical education participation without restrictions on (date):\_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider  
Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Name (Print)  
Address: \_\_\_\_\_  
\_\_\_\_\_

Copies to:      Physical Education Teacher      Nurse      School Counselor

Baltimore County Public Schools  
Towson, Maryland

Baltimore County Department of Health  
Baltimore, Maryland

Copies to:       Physical Education Teacher               Nurse               School Counselor