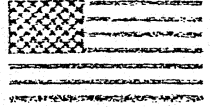


Carbondale Area Junior-Senior High School

101 Brooklyn Street/Business Rt. 6 Carbondale, PA 18407

PHONE: (570) 282-4500 FAX: (570) 282-3394



Students in Pennsylvania's Public Schools are required to be enrolled in Physical Education classes. It is our desire, intent, and expectation at Carbondale Area School District that *EVERY* student will derive benefit from participation in these classes.

All students are scheduled for two to three Physical Education classes per week. (Actual participation time is approximately 30 to 35 minutes.)

If your patient is unable to participate in a traditional Physical Education class, we request your input so that we will be able to meet his/her individual needs.

To help us make appropriate accommodations for your patient, please complete any of the following that may apply. (Please mail directly to the school in care of the school nurse, *Janet Rusnak, R.N.* at the above address or simply place in a sealed envelope and have the student return it to the school nurse. Thank you for your cooperation.):

Student/Patient's Name: _____

Student/Patient's condition, restriction, disability, etc. (unless confidential): _____

This student/patient **IS ABLE** to participate in regular Physical Education classes to his/her tolerance –

_____ **YES** (If **YES**, please sign the form and return by mail to address above or in the envelope provided with the student.)

_____ **NO** (If **NO**, please complete one or both of the following sections, sign the form and return by mail to address above or in the envelope provided with the student.)

This student/patient should **COMPLETELY AVOID** the following activities: _____

AND/OR this student/patient should participate in **ONLY** the following activities: (Also specify if the student is required to wear/use any protective equipment.): _____

This waiver is valid until: _____

It is our general policy that if a student is present in school, he/she should be able to participate in Physical Education class at **SOME** level. If the student/patient in question is an exception to this policy and is unable to participate in even a modified or adapted program, he/she will be assigned other work as outlined in the *Physical Education Handbook* (i.e., written reports, reading assignments, etc.) Please feel free to offer further instructions or recommendations by writing on the back of this form, by contacting the school nurse, or any member of the Physical Education staff at the number listed above. Thank you for your time and attention in completing this waiver. (Again, additional comments/instructions may be placed on back.)

Physician's Name Printed: _____ Phone #: _____

Physician's Signature: _____ Date: _____

