

**MANHATTAN BEACH UNIFIED SCHOOL DISTRICT  
P. E. PARTICIPATION**

Student Name		Dates of Restriction	From		To	
Teacher		School			Grade	

<b>Child May Not Participate In:</b>		Swimming		Running		Exercise
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<b>Explain:</b>	

**AS AN ALTERNATIVE**

	<b>Walking</b>
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	<b>Weight Training</b>
	Upper Body
	Lower Body

	<b>Stretching</b>
	Upper Body
	Lower Body

If other, please specify:	
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<b>TOTAL RESTRICTION-STUDENT MAY NOT PARTICIPATE IN ANY WAY</b>	
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**Note:** We encourage participation with modifications to facilitate completion of this physical education course. Students who do not participate for **3 weeks** or more in one trimester may not receive Physical Education credit for the semester.

Physician	
Address	
Phone	

Parent	
Address	
Phone	

I certify this patient is under my care.

I give my consent for the physician to communicate with the district nurse/school personnel regarding my child and the physical education restriction.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date