

2019-20 SCHOOL YEAR

TO: PARENTS AND GUARDIANS OF Lexington Elementary students

RE: A NOTICE ABOUT PHYSICAL EDUCATION CLASSES

The state law requires every child to take part in physical education classes. We cannot excuse anyone from physical education attendance, but we can give a limited program to those under a doctor's advice. Any student released from participation in physical education beyond 3 days must have a doctor complete an "Adaptive Physical Education Form," which indicates the nature of the prolonged illness or injury, the anticipated return to full participation, and what alternate activities the student will be able to participate in.

If your son/daughter is to have limited physical education due to injury or illness, please have your doctor fill out this form. Additional forms may be obtained from the physical education teacher, school nurse, or the school office.

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Dear Physician:

The physical education program at Lexington Elementary is planned so that every student who is able to be in school will be able to benefit from some phase of the physical education program. Since we as professionals want to do what is best for each and every child, we will attempt to modify our physical education activities/schedule to meet the specific limitations of the student listed below. With these thoughts in mind, we would like you as the attending physician to recommend for the student listed below the extent of activity in which he/she may participate.

Please complete the information requested and check the activities in which the student may safely participate considering his/her injury or illness. We will develop a program of activity based on your recommendations. Thank you for your time, assistance and consideration.

Sincerely,

Lexington Elementary School  
400 N. Cherry St. Lexington IL 61753  
Phone: 309-365-2741 Fax: 309-365-5032

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NAME OF STUDENT/PATIENT \_\_\_\_\_

DATE OF OFFICE VISIT \_\_\_\_\_

INJURY/ILLNESS \_\_\_\_\_

SPECIFIC INSTRUCTIONS REGARDING PARTICIPATION:

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

LIMITED PARTICIPATION DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

PLEASE USE THE BACK OF THE PAGE TO CHECK THE ACTIVITIES IN WHICH THE STUDENT MAY PARTICIPATE.

## *Adaptive Physical Education Form*

Please check EACH activity in which this student MAY participate and indicate the level of exertion allowed (mild or strenuous).

<b>WARMUPS</b>	<b>MILD</b>	<b>ST</b>
___ Push Ups	___	___
___ Sit ups	___	___
___ Lower Body Stretches	___	___
___ Upper Body Stretches	___	___

### **CARDIOVASCULAR**

___ Walk	___	___
___ Jog	___	___
___ Jump rope	___	___
___ Cardio Workout	___	___
___ Power Walking	___	___
___ Thera-Bands	___	___

### **STRENGTH**

___ Upper Body Work out	___	___
___ Lower Body Work out	___	___

### **OTHER**

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