



J. Sterling Morton High Schools

Morton East High School - 708.780.4000 extension 2213

Morton West High School - 708.780.4100 extension 3613

Morton Freshman Center - 780.863.7900 extension 1211

Morton West FAX # 708-222-5877

PHYSICIAN'S PERMISSION FORM FOR PHYSICAL EDUCATION

Student Name: _____

ID#: _____ Physical Education Teacher: _____

The Physical Education Program at Morton High School is designed to meet the individual needs of each student who is unable to participate in regular Physical Education activities. Physical education programs will be developed within the guidelines of the physician's referral. No student will be denied or excluded from participation in any program, class, or activity based solely on their condition or disability.

Please note: All students will be expected to dress in their P.E. uniform unless otherwise stated below. Please CIRCLE the activities in which you feel your patient may participate:

- | | | | |
|------------------------|-------------------------|--------------------------|---------------------------|
| <i>Aerobics</i> | <i>Gymnastics</i> | <i>Pickleball</i> | <i>Weight Training</i> |
| <i>Badminton</i> | <i>Handball</i> | <i>Soccer</i> | <i>Wrestling</i> |
| <i>Basketball</i> | <i>Korfball</i> | <i>Softball</i> | ALL ACTIVITIES |
| <i>Calisthenics</i> | <i>Jogging/Walking</i> | <i>Swimming</i> | |
| <i>Cardio Training</i> | <i>PE written work</i> | <i>Track & Field</i> | <i>Target Heart Rate:</i> |
| <i>Floor Hockey</i> | <i>Physical Fitness</i> | <i>Volleyball</i> | _____ |

Medical Diagnosis: _____

Date Restrictions Expire (Length of Restriction): _____

Additional recommended exercises or **specific restrictions**: _____

Cleared to return to regular physical education class: YES NO

Physician's Name (Printed): _____ Date: _____

Physician's Signature: _____ Phone: _____

Address: _____ Fax #: _____