

PARSIPPANY-TROY HILLS TOWNSHIP SCHOOLS

HEALTH SERVICES

PHYSICAL EDUCATION RESTRICTION NOTICE

Date: _____
Student: _____
Grade: _____
School: _____

Dear Parent:

The Parsippany-Troy Hills Board of Education requires all students to participate in a physical education program unless excused by a physician.

Please have your physician complete the form below.

Thank you,

School Nurse

Dear Doctor:

According to school records, the above mentioned student has a past history of _____

In order for him/her to participate in physical education, it will be necessary for us to have your written evaluation.

Diagnosis: _____

No Restrictions: _____

Restrictions: _____

Indicate specific activities, if necessary:

Physician: _____

Signature

Address: _____

Telephone: _____

Date: _____

NOTE: MUST BE RETURNED TO SCHOOL NURSE BEFORE FIRST DAY OF SCHOOL.