

LINE MOUNTAIN SCHOOL DISTRICT

Line Mountain Middle/ High School

Jeffrey Roadcap, Principal
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Line Mountain Elementary School

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ADAPTIVE PHYSICAL EDUCATION

To the Parents of _____ Grade _____ Date _____

The School Code of Pennsylvania specifies that all students receive instruction in the subject of physical education (Section 1511). Limitations may be made by a family physician. (Section 1401 of the School Code reads "Family physician means either a doctor of medicine and surgery in the Commonwealth, or an osteopath or osteopathic surgeon legally qualified to practice medicine and surgery in the Commonwealth ...")

When adaptive physical education is ordered, specific adaptations must be indicated below. This is done to protect your child and also to encourage as much participation as is allowable. **Completed forms are to be delivered to the student's assigned Physical Education teacher.**

To be completed by the Attending Physician

Nature of the injury or illness _____

Duration of this adaptive physical education excuse: From _____ To: _____

Do you wish to see the child again prior to resumption of regular physical education program? Yes No
If so when? _____

PLEASE CHECK THE ACTIVITIES THAT YOU DO RECOMMEND.

Mild Category

- walk (track or treadmill)
- table tennis
- shooting / dribbling basketball
- football or soccer passing
- frisbee passing
- bowling
- golf
- archery
- officiating games
- special exercises recommended by doctor or PT

Other _____

Moderate Category

- walk and jog (track or treadmill)
- elliptical machine
- stationary bike
- soccer – skills only
- lacrosse – skills only
- basketball - skills only
- volleyball - skills only
- softball – skills only
- football - skills only
- weightlifting - lower body only
- weightlifting - upper body only

Strenuous Category

- jog/run (track or treadmill)
- badminton games
- aerobics
- kickball
- ultimate frisbee
- basketball games
- soccer games
- volleyball games
- softball games
- floor hockey games
- flag football games
- handball games
- lacrosse games
- physical fitness tests
- jump rope
- weightlifting – full body

Physician's Name (printed)

Physician's Phone #

Physician's Signature

Date

Office Use Only:

Given: _____

Rec'd.: _____

PE instr.: _____