

Califon Public School
6 School St.
Califon, NJ 07830
908-832-2828 Fax 908-832-6719

ACTIVITY LIMITATION FORM

Date _____

Students Name _____

Our school program includes regularly scheduled periods of Physical Education which involve a wide range of physical skills. It is our understanding that _____ is presently under your care.

In keeping with our belief that it is important that each child develop optimum physical fitness within the regular Physical Education program, we wish to find out what modifications, if any, are necessary in the program of this student. It would be of great assistance if you would kindly complete the following:

Type of Injury/Illness: _____

____ Physical Education **WITHOUT** MODIFICATION

____ Physical Education **WITH** MODIFICATION

Modifications are: _____

____ No Participation in RECESS (In Gym or Field)

____ No Participation in INTERSCHOLASTIC SPORTS

The ABOVE IS IN EFFECT UNTIL: _____

Physician's Signature

Physician's Printed or Typed Name

Physician's Stamp/Address