

**DOWNERS GROVE SOUTH HIGH SCHOOL
PHYSICAL EDUCATION ACTIVITIES**

Nurse's Phone: 630-795-8528

Nurse's Fax: 630-795-7192

STUDENT NAME _____ **I.D. #** _____ **GRADE** _____

P.E. TEACHER _____ **COUNSELOR** _____

Modification for participation will be made based on the extent of the injury/illness and the doctor's prescription for activity. If possible, the injured or ill student is expected to participate in some manner each day. With a coordinated effort, we hope to continue the improvement of the student's personal fitness during this time.

PLEASE CHECK THE ACTIVITIES IN WHICH YOUR PATIENT MAY PARTICIPATE

- | | | |
|---|---|---|
| <input type="checkbox"/> Aerobics | <input type="checkbox"/> Juggling | <input type="checkbox"/> Life Saving |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Jumping Rope | <input type="checkbox"/> Recreational Swimming |
| <input type="checkbox"/> Badminton/Pickleball | <input type="checkbox"/> Physical Fitness Testing | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Personal Conditioning | <input type="checkbox"/> Tap Dancing |
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Relaxation Exercises | <input type="checkbox"/> Team Handball |
| <input type="checkbox"/> Cross Training | <input type="checkbox"/> Rhythmic Dances | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dance Techniques | <input type="checkbox"/> Roller Blading | <input type="checkbox"/> Track & Field |
| <input type="checkbox"/> Elliptical | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tumbling |
| <input type="checkbox"/> Flag Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Ultimate Sponge Ball |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Stationary Bike | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Frisbee | <input type="checkbox"/> Step Aerobics | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Stretching/Flexibility | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Swimming | <input type="checkbox"/> Weight Training
(Selectorized Machines) |
| <input type="checkbox"/> Jogging | <input type="checkbox"/> Diving | |

Beginning Date _____ **Ending Date** _____

Comments: _____

Physician's Signature and Date

Print Physician's Name

Phone Number

Address
