Frederick County Health Department* and *Frederick County Public Schools
ACTIVITY RESTRICTION FORM

Student Name:_____ **Grade:**_____ **Date of Birth:**_____

Physical Education Teacher:_____ **Homeroom Teacher:**_____

I. Parent or Health Care Provider:

____The student has a *Temporary Condition* (less than 1 week)

A parent may fill out this form for a temporary condition only. Documentation from a health care provider is preferred and may be attached.
If the condition extends beyond the 1 week timeframe, please contact the health room.

Injury:_____ Chronic condition: _____

☐ **Student may return to activity level as tolerated**
☐ **Student may return to activity level on _____**
(date)

II. Health Care Provider only:

____The student has an *Extended Condition*

Injury:_____ Chronic condition: _____

The student has limited:
☐ Strength ☐ Speed ☐ Endurance/cardio ☐ Balance ☐ Coordination
☐ Weight bearing ☐ Upper body movement ☐ Lower body movement ☐ Cognition

Comments: _____

☐ **Student may return to activity level as tolerated** **Date of re-examination (if applicable):** _____
☐ **School Nurse to assess student injury in 10 days**
Assessment date: _____ Outcome: ☐ return to activity level ☐ return to health care provider
Time/Date contacted parent/guardian:_____ Signature: _____
Comments:_____

III. Please check the activities and/or category in which the student CANNOT participate:

MILD	MODERATE			VIGOROUS		
☐archery	☐aquatics	☐Nintendo Wii	☐treadmill	☐aerobic exercises	☐jogging	☐steps
☐calisthenics	☐badminton	☐Pilates	☐ultimate frisbee	☐dance	☐jump rope	☐tag games
☐free throw shooting	☐baseball	☐playground activities	☐weight training	☐elliptical trainer	☐kick boxing	☐tennis
☐parachute play	☐basketball	☐push ups / chin ups	☐whiffle ball	☐exercise bike	☐lacrosse	☐treadmill
☐ping pong	☐bowling	☐rowers		☐field hockey	☐racquetball	☐track/field
☐stretching	☐curl ups/ sit ups	☐softball		☐flag football	☐running	☐volley ball
☐walking	☐golf	☐throwing/ catching		☐floor hockey	☐skating	☐weight training
☐weight training	☐handball			☐gymnastics	☐soccer	☐wrestling
	☐jogging				☐stair climber	
	☐kickball					

_____ _____ _____
Parent/Guardian *Phone* *Date*

_____ _____ _____
Health Care Provider *Phone* *Date*

Please return this form to the HEALTH ROOM ***Copies to: Teacher(s), PE, File***

Frederick County Public Schools and the *Frederick County Health Department* are committed to providing a safe and healthy environment for all students and staff. We understand there may be times when a student has a temporary or extended physical condition due to an injury or a chronic health issue, which may impact physical activity during the school day (mobility to/from class, physical education, recess, etc).

The health room and school staff should be aware of the limitations of the student to be able to provide alternate activities and provide safe accommodations for the student while at school. For the parent and/or health care provider to communicate the extent of the physical activity restriction, the Activity Restriction Form should be completed.

I. Procedures

A. The form may be given out by health room staff, teachers, guidance, or other school staff.

B. The form is to be given to the parent/guardian to complete when staff identifies a student's injury or chronic condition, which may impact his/her school day. The parent may also access the form through www.FCPS.org under forms/health forms.

C. Documentation from a health care provider is preferred but not required for a student's temporary condition and may be attached to the completed form.

D. Signature of a health care provider is required on the form for a student's extended condition.

E. It is the responsibility of parent/guardian to return the completed form to the health room.

F. The registered nurse will case manage the student with an extended condition and will provide follow up with the student and/or parent/guardian as appropriate.

G. The registered nurse will communicate updates on the student's condition with staff as appropriate.

H. The completed form will be kept in the student's health file and copies are to be given to school staff that has an educational need to know of the student's injury or chronic issue.

Nurses Notes: