



Half Moon Bay High School

Lewis Foster Drive, Half Moon Bay, CA 94019

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www.cabrillo.k12.ca.us/hmbhs

MEDICAL RELEASE FROM PHYSICAL EDUCATION / SPORTS

In the event that your physician request that your child be limited from physical education, please have the physician complete the following:

DATE: _____

Student: _____ **Grade:** _____

Diagnosis: _____

For lower extremity fractures: weight bearing status:

Precautions:

Please indicate below your recommendation for physical education:

- Regular physical education (no restrictions)
- No physical education
- No athletic participation (team sports)
- Self-limiting physical education
- Restricted physical education (please circle the activities in which the student **MAY NOT** participate in)

If there are any restrictions, please indicate duration of time:

From: _____ To: _____

Aerobics Badminton Dance Field Hockey Track & Field
Gymnastics/Tumbling Jump Rope Marching Martial Arts Running
Swimming Weight Lifting Calisthenics Lacrosse

Ball Sports: Basketball Paddleball Flash-ball (Football) Soccer Softball
Speedball Tennis Volleyball Water Polo

Provider's Signature: **X** _____

Phone: _____ Fax: _____

Providers Stamp:

Please return form to you physical education teacher.