**TEACHER DIRECTED PHYSICAL EDUCATION INFORMATION**

**We are looking forward to having your child participate in our physical education program. We know physical education is a very important part of his or her growth and development.**

**If your child cannot participate in the regular program, please mark RESTRICTED PROGRAM on the portion of this letter to be returned. If restricted program is marked, we will send you a form to be completed by your physician. If regular program is marked, then your child will participate in the regular program of physical education. If your child cannot participate because of a temporary restriction, you may write a note that will excuse him or her for that day.**

**Students should wear clothing appropriate for physical education. Tennis shoes should be worn on days that your child will have physical education.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Student**

**Please list any medical conditions that would prevent your child from participating in a regular physical education program.**

**Please check as appropriate:**

**Regular Program \_\_\_\_**

**Restricted Program \_\_\_\_**

**List restrictions:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature**