

INSTRUCTION

Attendance and Excuses – Physical Education

Parental Excuses – Parents may request that their child be excused from physical education for temporary illness or injury for a maximum of five consecutive school days. A physician's statement will be required if the student cannot resume normal activity after the five-day period. The physician's statement should provide information that explains the limitations of participation for the student. Attachment 1 shall be completed by the physician to assist the PWCS staff with developing a modified program to meet the student's needs and provide opportunity to participate in physical activity.

When illness or injury is obvious, a teacher and/ or principal may temporarily excuse a student from physical activity.

In all cases, students excused from physical activity will be given meaningful assignments that meet the Health and Physical Education SOL's.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for implementing and monitoring this regulation.

The Associate Superintendent for Student Learning and Accountability (or designee) is responsible for reviewing this regulation in 2011.

**Prince William County Public Schools
Physician's Referral Form for Participation in Physical Education
Regulation 636-1**

Student Name _____ Date Initiated _____

Home Phone _____ Date of Birth _____

Address _____ School _____

Grade _____

All students in Prince William County Schools are required to participate in a program of physical education. High school students are required to complete two years credits of physical education as a graduation requirement. Please provide the information requested below to enable staff to develop a modified physical education program to meet the student's needs. This form may not be used to exempt a student from physical education activities.

Medical Diagnosis: _____

General implications of medical diagnosis on student's participation in physical activity:

Duration of the condition: _____ short term _____ long term _____ permanent

The Condition is: _____ progressive _____ non- progressive

Date student will be re-examined: _____

Date student may return to unrestricted activity: _____

Other health conditions (latex allergy, seizures, shunt, etc.), and/or medications, which may impact participation in physical activity and/ or outdoor activity: _____

Functional Capacity

_____ unrestricted – full participation in all activities including contact and intensity

_____ restricted – see attached list specifying restrictions

Based on the medical diagnosis, please check the appropriate level of participation in each of the areas listed below.

Skills and Motor Learning:

Cardio respiratory Exertion

_____ high intensity (running or sprinting with no restrictions on distance or time)

_____ moderate intensity (jogging for up to 20 min at a time, power walking,

_____ aerobic dance, etc.)
_____ low intensity (walking, etc.)

Prince William County Public Schools
Physician's Referral Form for Participation in Physical Education
Regulation 636-1

General Musculoskeletal Impact

_____ high impact (aerobic dance, landing as in vaulting, long jump, etc.)
_____ moderate impact (hopping, jumping, etc.)
_____ low impact (walking, standing, etc.)

Inversion

_____ skills requiring the student to be in an inverted position, bearing weight on head or neck (forward roll, headstand, etc.)
_____ skills requiring the student to be in an inverted position, without bearing weight on head or neck (cartwheel, handstand, etc.)
_____ student may not execute any skills requiring inversion

Physical Contact

_____ activities in which physical contact is likely to occur (basketball, soccer, hockey, etc.)
_____ activities in which incidental physical contact *may* occur (structured drill situations, small group games, etc.)
_____ individual skill building activities in which physical contact is not likely to occur

Strength Training

_____ weight lifting/ lower body (weight machines, free weights)
_____ weight lifting/ upper body (weight machines, free weights)
_____ light resistance/ lower body (light free weights, resistance bands)
_____ pull-ups
_____ push-ups

Specific questions based on teacher's current knowledge of medical diagnosis or information provided by parent:

Physician's Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____

Physician's Signature: _____ Date: _____

Prince William County Public Schools
Request for Physician's Referral for Participation in Physical Education
Regulation 636-1

School: _____ Date: _____

Dear Doctor:

Under regulations of the Virginia Board of Education and policy of the Prince William County Public Schools, all students must participate in a physical education program.

Furthermore, Section 504 of Public Law 93-112- Nondiscrimination on the Basis of Handicap – states that “no otherwise qualified handicapped individual... shall, solely by reason of this handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal assistance.” Section 504 provides a broad definition of “handicapped” which may include students enrolled in the regular program and characterized by permanent disability, obesity, low fitness level, or poor motor coordination, or students recovering from accidents, operations, or injury. Therefore, medical excuses are not acceptable for excusing a student from the physical education requirement. Modified physical education programs must be provided for such students.

Please complete this form to assist us in planning a program best suited to the student's needs.

Sincerely,

Teacher or Department Chairperson
Department of Health and Physical Education