

Wells Middle School

Physical Education Participation Status

Date:

Period:

Student Name:

Description of Illness/Injury:

- May not return to PE until: _____
- Student cannot participate in any activity
- Student can participate in the following activities:
 - Running
 - Walking
 - Light Jogging
 - Jumping
 - Throwing
 - Stretching
 - Upper body resistance
 - Lower body resistance

Parent Signature:

Parent Email:

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