OCEAN CHARTER SCHOOL
PHYSICAL RESTRICTIONS FORM

STU. NAME _____ _____ _____
Last First Middle

GRADE _____ TEACHER _____

The following information is required regarding any physical restrictions of your child.
This will enable us to plan for the most appropriate physical activities for your child.

Physical Condition of the Student:

This section is to be completed by the student's treating physician:

_____ This student may return to physical instruction and recess as usual. No restrictions needed.

Date _____ Physicians's Signature _____

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