Confidential for: _____ Student ID #: 0000 DOB: / /

Parent Consent

I, _____ as parent of the above named student *consent to the release of medical information by and to my child's physician to the school nurse for the reason of my child's health related care while attending the Houston County School System This is for school Year 20__/20___*

Exercise and Sports Participation Physician's Guidelines

Physician, Please be as specific as possible and include dates of limitation as appropriate. Any limitation to field trips should be noted.

The following recommendations are based on this student's cardiovascular status. These recommendations should be considered in the context of other medical considerations that are part of this student's overall health. Please contact our office if further clarification is needed or if any symptoms of dizziness, fainting, or chest pain occur during activities

Student's Limitations or Special activity Consideration

- ☐ No limitations of physical activity, ordinary physical activity does not lead to undue fatigue or shortness of breath
  - Includes interscholastic sports where maximum and sustained effort is required
  - Includes contact sports
- ☐ **Permit student** to determine his/her own level of activity and to stop and rest. Student typically enjoys limited play activity. May be active to tolerance.
  - Note changes in desire to play or participate in P.E.
  - Report changes immediately to parent
  - Avoid contact to chest sports
- ☐ **Moderate limitation of physical activity**. Student is comfortable at rest or ordinary physical activity results in fatigue, palpitations or shortness of breath Allow student to self monitor and play to tolerance
  - May participate in physical education class or recess
  - Should avoid activities which require maximum or sustained effort
  - Avoid contact to chest sports
- ☐ **Marked limitations of physical activity**. Student is comfortable at rest but even slight physical activity causes fatigue, palpitations or shortness of breath.
  - Includes no strenuous recreational games such as swimming, jogging, golf, marching
- ☐ **No Physical Activity** .Symptoms of cardiac insufficiency are usually present at rest, and discomfort is increased with any physical activity.

Physician:_____ Physician's Signature _____Date:_____
Address:_____ Phone:_____ Fax:_____