



Tehama County Department of Education
Medical Authorization Form / Long-term Disability

Date Sent: _____

California State Law requires that all students participate in physical education on a regular basis. If a permanent or long term disability interferes with participation in the regular physical education program, an individualized physical education curriculum will be planned around the student's motor strengths and abilities.

Student's Name _____ DOB _____ School _____ Grade _____

Parent/Guardian _____

Disability _____

Medication (implication for physical activity) _____

The following activities will be adapted to the student's individual capabilities. Please check any activity you would NOT recommend for the above student.

I. Physical Fitness Activities

- _____ Arm-shoulder strength
- _____ Abdominal strength
- _____ Flexibility (range of motion)

IV. Aquatics

- _____ Swimming skills
- _____ Water play
- _____ Diving

II. Locomotor Activities

- _____ Creeping
- _____ Crawling
- _____ Walking
- _____ Running
- _____ Sliding
- _____ Hopping
- _____ Jumping
- _____ Skipping
- _____ Galloping

V. Object Control Skills

- _____ Catching
- _____ Kicking
- _____ Striking
- _____ Overhand throwing
- _____ Underhand throwing
- _____ Ball bouncing

III. Non-Locomotor Activities

- _____ Bending _____ Hanging
- _____ Twisting _____ Balancing
- _____ Pushing _____ Swinging
- _____ Pulling
- _____ Lifting

VI. Activities Not Recommended

Comments: _____

Your input will assist us in determining an appropriate instructional program.

Date: _____ Signed: _____, M.D.

Phone Number: _____