HOLYOKE PUBLIC SCHOOLS
A PATHWAY FOR EVERY STUDENT

Summer Camp Swimming/Physical Activity Permission

Instructions: *The child's doctor will fill out and sign this form. This form is returned to the school nurse indicated below.*

Dear Doctor,

Your patient, _____, date of birth, _____is eligible to participate in a regular or adaptive physical education program.

Because of the medical complexity of your patient (ie seizure disorder, G-tube feedings, incontinence, etc.) it is necessary that the school have a medical order allowing the student to participate in a swimming program.

Please complete the form below and return it to the school nurse indicated below.

Thank you,

_____ _____ _____
School Nurse School Date

Phone _____ Fax _____

The above-named student:

May participate in the swimming program: YES NO

May participate in the Physical Education program without restrictions/limitations: YES NO

Please note restrictions/limitations: _____

_____
_____

_____
Physician Signature Date

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