Hoboken Charter School

Elevator/ PE Accommodations Form

Please return via email or in paper copy to the nurse- kmcmanus@hobokencs.net

Student Name:_____

Date seen: _____

Diagnosis: _____

_____

Physical Limitations: _____

_____

Physical Activities Allowed (Student MAY participate)

☐ Walking	☐ Light Strength Training	☐ Volleyball
☐ Soccer	☐ Aerobics/ Cardio	☐ Ping-Pong
☐ Basketball	☐ Track and Field	☐ Non contact Group games

☐ *No activities allowed, written assignments only*

Can student walk to and from PE when off site?

☐ Yes ☐ Yes if 0-5 blocks ☐ No, this student will need an alternate PE

Can student go on field trips that involve walking?

☐ Yes ☐ Yes if 0-5 blocks ☐ No

Please note dates if elevator access is required or for PE excusal:

from _____ to _____

Parent signature denotes full consent to communicate regarding the student above.

Parent Signature _____ Date _____

Physician Signature _____ Date: _____
Physician Contact Info: