



**Elevator/ PE Accommodations Form**

Please return via email or in paper copy to the nurse- [kmcmamus@hobokencs.net](mailto:kmcmamus@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: \_\_\_\_\_