

Date: [Date]

To: [School Name / Physical Education Department]

Re: [Student's Full Name]

Date of Birth: [Student's Date of Birth]

Dear Principal and Physical Education Staff,

This letter is to inform you that [Student's Name] may return to school effective [Return Date]. However, due to a recent [injury/medical condition], there are specific physical activity restrictions that must be followed for the safety of the student.

Duration of Restrictions: From [Start Date] until [End Date/Next Evaluation Date].

The student is restricted from the following (checked items apply):

- All Physical Education (PE) classes
- Contact sports (e.g., football, basketball, soccer)
- Running or jumping
- Weight bearing or heavy lifting (over [X] lbs)
- Activities involving the [Specific Body Part: e.g., Left Arm]
- Recess/Playground activities

The student IS permitted to participate in:

- Walking only
- Stretching / Low-impact movement
- Written health assignments in lieu of physical activity
- Other: [Specify other permitted activities]

If there are any questions regarding these limitations, please contact my office at [Phone Number].

Sincerely,

[Physician Name/Signature]

[Medical Clinic Name]

[Clinic Address]