

PHYSICAL EDUCATION EXCUSE FORM

SYRACUSE CITY SCHOOL DISTRICT
Syracuse, New York

_____ School

_____ Date

TO: Dr. _____, Family Physician or Specialist.

Regarding the physical education activities of your patient _____, we shall appreciate your cooperation in filling out this blank and returning it at once to the School Physician at this school.

All pupils registered in the schools of New York State are required by the Education Law to attend courses in instruction in physical education.

Pupil's Name _____ Grade _____ Home Room _____

is unable to participate in the physical education program for a period of _____ weeks or _____ school term.

The reason is (give specific diagnosis) _____

Date _____ (Signed) _____
Family Physician or Specialist

Valid only when signed by School Physician.

Approved _____ Not Approved _____

Comments: _____

Date _____ (Signed) _____
School Physician