

**One paper must be returned for each child**

Our Lady of Good Counsel School  
23 West Prospect Street  
MOORESTOWN, New Jersey 08057

To: Our Lady of Good Counsel Parents/Guardians

From: Health Office

Re: **Students Participating in All School Physical Activities  
School Year 2009-2010**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

The above mentioned student has no restrictions in physical activities.  
He/she may participate fully in Field Day, Recess, Walk-a-thons, Physical Education  
classes (including the mile run).

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Relationship to student

Date \_\_\_\_\_

OR

The above mentioned student has restrictions in physical activities. **\*\*\*Must**  
**attach a note from the child's private health care provider outlining those**  
**restrictions.\*\*\***

Restrictions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Relationship to student

Date \_\_\_\_\_