

HOLLAND PATENT CENTRAL HIGH SCHOOL  
HEALTH SERVICES

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Dear Parent or Guardian:

According to our records, \_\_\_\_\_ was given an Excuse from Physical Education for the diagnosis of: \_\_\_\_\_

Please have your provider fill out the necessary Documentation.

If you feel that this condition still warrants your child to be excused from regular physical education classes, please have your child's health Care physician excuse him or her from Physical Education in Writing.

The information we need is the following:

- 1. Student's name and date of birth**
- 2. The condition which limits the student's activities. Is the student receiving ongoing treatment?**
- 3. The specific activities that the student can or cannot perform ("upper body weight lifting only.")**
- 4. The dates the students activities are limited (ie: "until December 20. 2001")**

The letter may be brought in directly by the student, faxed to 315-865-4069 Attention:HP High school Nurse or mailed to the High School Health Office, 8079 Thompson Road, Holland Patent, NY 13354

If we do not receive a letter from your child's health care provider, we will assume your child is able to participate fully in Physical Education classes.

Sincerely,

Mrs. Divine HP High School Nurse

Phone 315.865.7234

Fax 315.865.4069