

HEALTH MAKE-UP FORM

Each student can earn up to 10 points per day for participation in class activity. All absences must be made up unless it is due to a school function that takes the student away from class (i.e. field trip). Not Dressing out for PE is a loss of 5 points per day. This form will help you earn those points back.

Listed below is a list of acceptable activities that may be used to complete this assignment. Students have 1 school day for each absence after they come back to school to make it up. (Example: 3 days out, then 3 school days to make it up or 3 days of not dressing out, then 3 days to make up).

This form may be used for more than one absence or more than one day not dressed out, if necessary. One time of any activity counts for each day absent. (For example you may walk for 30 minutes twice for 2 days absent).

A parent/guardian, team coach, and/or class instructor may sign to verify any activity completed.

Listed of acceptable activities:

Continuous walking for 30 minutes

Yard work for 30 min.

Jogging continuously for 15 min.

Shoveling snow for 30 min.

Continuous cycling for 45 min.

Vacuuming for 30 min. (approx. 3 rooms)

Practice with an organized group*

*This can be a sports team (school or rec.), cheerleading, dance, karate, judo, aerobic, or swim class, or any other physical activity that is at least 30 minutes long.

HEALTH MAKE-UP FORM

Student's name: (Print) _____

Health Teacher: _____

Grade _____ Period _____

Number of days absent _____

Dates of absence(s) _____

Acceptable activities to be completed:

- | | |
|--------------------------------------|---------------------------|
| ➤ Continuous walking for 30 minutes | # of days completed _____ |
| ➤ Jogging continuously for 15 min. | # of days completed _____ |
| ➤ Continuous cycling for 45 min. | # of days completed _____ |
| ➤ Yard work for 30 min. | # of days completed _____ |
| ➤ Vacuuming for 30 min. | # of days completed _____ |
| ➤ Practice with an organized group*. | # of days completed _____ |

TOTAL (must equal # of days absent) _____

Signature of person(s) verifying work completed:

Name (Print) _____

Signature: _____

Date _____

Name (Print) _____

Signature: _____

Date _____

Name (Print) _____

Signature: _____

Date _____

Note: One person may verify all your activities, use more only if needed.
