

PHYSICAL EDUCATION FORM

Dear Parents,

It is very important for your child's physical education teacher to be aware of any injury, illness or operation your child has had that may affect his/her performance in class (allergies, a broken arm that did not heal properly, asthma, etc.).

Please complete this form and return it to your child's classroom teacher. We appreciate your cooperation.

_____ *My child does not have any physical problems or illness that will prevent his/her participation in regular physical education classes.*

_____ *My child does have a problem that may hinder his/her participation which is described below.*

Type of Injury, Illness or Operation

Date

Prognosis

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Considerations

Student's Name

Grade

Signature of Parent or Guardian

Date Signed

Once again, thank you for your cooperation.