

Physical Education Form

Student Name _____

Grade _____

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 the form ONLY if there is anything your PE teacher needs to be aware of and return it by the 1st day of school. We appreciate your cooperation.

_____ 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

Parent Signature _____