



PHYSICAL EDUCATION PARTICIPATION FORM

Name of School _____ Name of Teacher _____

Class Period _____ Year _____

Dear Parent/Guardian,

The following information is needed by the Physical Education Department to permit us to be aware of the physical condition of your child in order to make necessary changes in his/her participation, if necessary.

I. GENERAL INFORMATION (please print)

Name of Student _____ Home Phone _____

Address _____

Parent/Guardian Name _____ Work Phone _____

Address _____

Name of alternative person _____ Relationship _____

Address _____

Parent Signature (Please sign) _____ Date _____

II. PLEASE IDENTIFY MEDICAL CONDITIONS, MEDICATIONS AND/OR HISTORY WHICH YOU FEEL MEDICAL PERSONNEL NEED TO BE AWARE OF? (i.e. previous surgeries, chronic conditions, etc.)

III. RESTRICTED PROGRAM (to be completed by a physician ONLY if there are restrictions)

Name of Student _____

Type of persistent health problem: _____

Should not participate in the following type at activities: _____

Physician's Signature _____ Print Name _____

Mailing Address _____

Telephone: () _____ Date: _____