

PLEASE RETURN TO THE CLASSROOM TEACHER

I have read and understand the rules and consequences for the Physical Education program.

Signature of Parent/Guardian Work # Home #

CHILD'S NAME _____

GRADE _____

HOMEROOM TEACHER _____

HAVE YOUR CHILD'S ACTIVITIES BEEN LIMITED BY YOUR PHYSICIAN?

YES _____

NO _____

IF YES, ATTACH DOCTOR'S NOTE OR EXPLAIN LIMITATION. Please make special note if your child has asthma.