

## Physical Education Form

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

We are looking forward to a wonderful educational year with your child in his/her P.E. class and would like to request that you share any concerns or comments you wish us to know in the spaces provided below. If this is not applicable, please indicate with (NA) on each line. A parent signature is required upon completion.

Please describe any condition that presently needs attention.

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What symptoms indicate a problem during physical activities?

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What recommendations do you have for handling your child's condition?

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Will your child know when he/she is being affected by this condition?

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_