

2009-2010

ST. LAWRENCE SCHOOL PHYSICAL EDUCATION

REPORT OF INJURY, ILLNESS AND/OR OPERATION

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.).

_____ 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.

<u>Type of Injury, Illness or Operation</u>	<u>Date</u>	<u>Prognosis</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special Considerations

Student's Name

Grade & Rm. #

Parent's Signature

Date

Once again, thank you for your cooperation.

Mrs. Alma Lee Joesting

Mrs. Alma Lee Joesting, Principal