

PHYSICAL EDUCATION HEALTH FORM

Note: *This form is required to be in our files by the Virginia Association of Independent Schools. Please be as complete as possible in describing any health problems that we should be aware of.*

Student: _____

Homeroom Teacher: _____

Please describe any health problems that may inhibit your child's participation during physical activities.

Parent Signature _____ **Date** _____

Please notify the PE teacher if your child has been ill and should not participate in PE classes for a particular time frame.

Thank You!

2018-2019