

St. Catherine of Siena School
Physical Education Form

Dear Parents,

It is very important for your child's P.E. teacher to be aware of any illness, injury, or operation your child might have that can affect his/her ability to participate in class safely. Please fill in each child's name and circle the appropriate phrase. Also please explain any limitations/ restrictions and for how long they apply.

Please share with us any concerns you may have through the year. If a child is unable to fully participate in gym class, a note is required explaining limitations, duration of time and any other pertinent information. If a note is not received, each student is expected to participate fully. Thank you for sharing your child! If you need to reach me at any time, call the office at (859) 572-2680 or email me at jrafferty@stcatherineofsiena.org.

My child _____ does doesn't have a limitation that will affect gym class.

My child _____ does doesn't have a limitation that will affect gym class.

My child _____ does doesn't have a limitation that will affect gym class.

Parent's signature _____ Date _____