St. Catherine of Siena School

Physical Education Form

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 bone, not fully healed, asthma, etc.)

Please share with us during the year any concerns you may have about your child's performance in physical education class if accidents or illnesses occur.

_____ 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.
(If your child has asthma, do they have an inhaler in the office? _____

Student's name(s) _____Grade(s) _____
_____ _____
_____ _____
_____ _____
_____ _____

Parent's signature _____ Date _____

Thank you for your cooperation, and if you need to reach me at any time during the school year, call the office at 572-2680 or contact me by email at jrafferty@stcatherineofsiena.org.