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Worcester, MA 01603
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Our Lady of the Angels School

Physical Education Release Form School Year 2004-2005 Year
(please complete one form per child)

Student Name: _____

Grade: _____

Does your child have a physical condition that would interfere with routine physical activities at the school? Yes _____ No _____

If yes, please state reason:

My child has permission to participate in the Physical Education program for the 2004-2005 school year.

Parent/Guardian Signature: _____

Date: _____

A note from your family physician is necessary to exclude your child from physical activities and sports.

*Our Lady of the Angels School
The greatest gift you can give a child.*