



Physical Education Release Form School Year: 2016-2017

(Form to be completed for Grades KN-8; one form for each student)

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 2016-2017 school year.

Parent/Guardian Signature: _____

Date: _____

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