



Physical Education Release Form School Year: 2017-2018

(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:

\_\_\_\_\_  
\_\_\_\_\_

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My child has permission to participate in the Physical Education program for the 2017-2018 school year.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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