

Our Lady of the Angels School

Physical Education Release Form

School Year 2010-2011

(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 reasons in the space provided below:

My child has permission to participate in the physical education program for the 2010-11 school year.

Parent/Guardian Signature: _____

Child's Name: _____ Grade: _____

Date: _____