

Christ The King School
7324 Balson Avenue
University City, Missouri 63130

Dear Parents:

It is very important for your child's physical education teacher to be aware of any injury illness or operation that may affect his/her performance in class (allergies, a broken arm that did not heal properly, asthma, etc.)

Please complete this form and return it to school by the start of the school year. If the form is not returned, your child will have to sit out of P.E. class until it's returned.

_____ 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, described below, which may hinder his/her participation.

<u>Type of Injury, Illness, or Operation</u>	<u>Date</u>	<u>Prognosis</u>

Special Considerations

Student's Name _____ Grade _____

Parent's
Signature _____ Date _____

Once again, thank you for your cooperation _____
Principal