### WELLNESS HEALTH/PHYSICAL EDUCATION FORM

STUDENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TEACHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate by checking if your child has any of the following conditions:

\_\_\_\_\_Heart Problems \_\_\_\_\_Vision Problems \_\_\_\_\_Asthma

\_\_\_\_\_Bone Disorders \_\_\_\_\_Blood Disorders \_\_\_\_\_Muscle Disorders

\_\_\_\_\_Seizure Disorders \_\_\_\_\_ADD/ADHD \_\_\_\_\_Allergies

If allergies, explain what kinds\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medication on a regular basis\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other (explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check the appropriate line

\_\_\_\_\_My child will be able to participate in the regular physical education component of the Wellness

 Curriculum without restrictions.

\_\_\_\_\_ My child will be able to participate in the regular physical education component of the Wellness

 Curriculum with the following restrictions:

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

If you have any questions, please feel free to write a note, email me: briggsbw@scsk12.org or call the school.

An excuse note from the parent does NOT excuse the student from physical activity. They must still dress out and modifications will be made to exercise and activity. A doctor’s note is required for an extended illness or injury.

**For your information, Wellness is a graduation requirement.**

Parents Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

Parents E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_