

Immanuel Lutheran School Physical Education Medical Waiver

Student Name _____

Homeroom _____

Should the student's activities be restricted because of a physical problem or illness?

Yes _____

No _____

Please check any problem areas and explain as fully as possible.

____ Sever allergies or reaction (ex. Bee sting, medication)

____ Asthma

____ Convulsions or seizures (epilepsy)

____ Heart problems

____ Diabetes

____ Other _____

Explanation or special instructions:

Is the student currently taking any medication for the above problems?

Yes _____

No _____

I believe my child is physically able to participate in physical education activities at Immanuel Lutheran School except as indicated above.

Parent Signature: _____

Date: _____