

Notre Dame Regional Secondary

P.E. MEDICAL FORM

NAME: _____

GRADE: _____ BLOCK: _____ TEACHER: _____

Parent's/Guardian's Names: _____

Phone# _____ Work/Cell# _____

Emergency Contact: _____ Phone# _____

Care Card # _____

Doctor's Name: _____ Phone# _____

MEDICAL INFORMATION

1. Do you have any medical issues or physical conditions that could affect your performance in a P.E. class? Please explain the problem and note any precautions that the teacher should be aware of.

2. List any medications that the teacher should be aware of. These should include epi-pens for allergic reactions and inhalers for asthma.

STUDENT'S SIGNATURE: _____

PARENT'S/GUARDIAN'S SIGNATURE: _____

DATE: _____