



# PHYSICAL & HEALTH EDUCATION 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 problems 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.

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

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STUDENT'S SIGNATURE: \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_