LCMS Physical Education: Parent Note

Student Name: __________________________ Date: __________

Describe Nature of Injury or Illness:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Physical Education Modifications:
Please place an “X” in front of any of the activities your child is NOT ALLOWED to do.

___ Running ___ Dressing ___ Stretches ___ Games/Activities ___ Other**

**Please explain OTHER:

_________________________________________________________________________________________________
_________________________________________________________________________________________________

Anticipated length of modified activity as per this parent note:

1 day          2 days          3 days          (please circle one only)

Parent Signature (Required)

Contact info (phone or Email)

Please be advised that this parent note is good for 3 days only. Any injury or illness extending beyond 3 class periods requires a doctor’s note.** Any injury that involves a cast, crutches, brace, etc. needs to be accompanied by a permission to attend school form, available in the Health office.