

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/Activites ____ 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.