



School Year: 2015-2016

**Report of Injury, Illness and/or Operation**

**(Please complete one form for EACH CHILD)**

It is very important for your child's physical education teacher to be made aware of any injury, illness, or operation that your child has had that may affect his/her performance in class. (For example: allergies, a broken arm that did not heal properly, asthma, etc.) **Please fill out one form for each child in your family.**

Please check one of the following:

\_\_\_\_\_ My child does not have any physical problems or illness that will prevent his/her participation in physical education.

\_\_\_\_\_ My child does have a problem that may hinder his/her participation.  
Please describe below.

Type of Injury, Illness, or Operation                      Date                      Prognosis

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent Signature

Dated: \_\_\_\_\_

Mrs. Larsen