

***Immanuel Lutheran School Physical Education Medical Waiver***

Student Name \_\_\_\_\_

Homeroom \_\_\_\_\_

Should the student's activities be restricted because of a physical problem or illness?

Yes \_\_\_\_\_

No \_\_\_\_\_

Please check any problem areas and explain as fully as possible.

\_\_\_\_ Sever allergies or reaction (ex. Bee sting, medication)

\_\_\_\_ Asthma

\_\_\_\_ Convulsions or seizures (epilepsy)

\_\_\_\_ Heart problems

\_\_\_\_ Diabetes

\_\_\_\_ Other \_\_\_\_\_

Explanation or special instructions:

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Is the student currently taking any medication for the above problems?

Yes \_\_\_\_\_

No \_\_\_\_\_

I believe my child is physically able to participate in physical education activities at Immanuel Lutheran School except as indicated above.

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

Date: \_\_\_\_\_