

QUESNEL JUNIOR SCHOOL
PHYSICAL EDUCATION & HEALTH COURSE OUTLINE
APPENDIX A (MEDICAL FORM)

Student name (please print) _____

Grade: _____

Block: _____

Parent phone #:
(work) _____

(home) _____

(cell) _____

Parent e-mail: _____

CARE CARD # _____

Allergies _____

Doctor: _____

Doctor's Phone # _____

Does this student have any disabilities or medical problems which will hinder their participation in Physical Education? Yes _____ No _____

If YES, please explain:

Parents/Guardians are encouraged to inform the teacher ASAP of any changes in the above information. Furthermore, please inform the school office (250 747-2103) of any recent changes in your contact information; such information may be referred to in the case of an emergency.

I, the undersigned Parent/Guardian have read the Physical Education & Health course outline and completed the medical information at the top of this page. Your signature is not compulsory, but it is encouraged to acknowledge you have had an opportunity to review the course outline, and provide updated medical information about your child.

Date: _____

Parent/Guardian signature: _____

