

**St. Mary School-Riverside  
Physical Education**

Report of Injury and/or Operation

Dear Parents,

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. (allergies, asthma, diabetes, a broken bone that did not heal properly, etc.)

Please complete this form and return it to Mr. Gorski by September 9<sup>th</sup>. Thank you.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_ 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

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

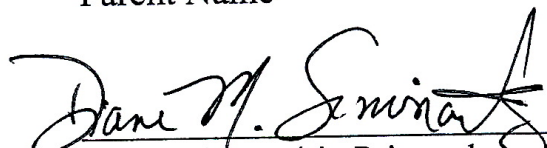
\_\_\_\_\_ My child does have a problem that may hinder his/her participation. Please describe below.

\_\_\_\_\_  
Type of Injury, Illness, or Operation

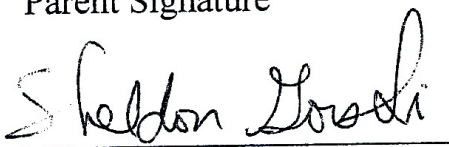
Date

Prognosis

\_\_\_\_\_  
Parent Name

  
Diane Simonaitis-Principal

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

  
Sheldon Gorski-P.E. Teacher