

SECTION B: PLEASE LIST AND DESCRIBE ANY OTHER PHYSICAL, BEHAVIOURAL OR MENTAL HEALTH CONDITIONS OR ISSUES THAT THE SCHOOL SHOULD BE AWARE OF:

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SECTION C: IF ANY OF THE ABOVE CONDITIONS IS BEING TREATED BY A PHYSICIAN / DOCTOR, PLEASE PROVIDE THEIR DETAILS

CONDITION / ALLERGY	PHYSICIAN'S NAME	HOSPITAL / CLINIC	PHONE

SECTION D: DO ANY OF THE CONDITIONS DESCRIBED ON THIS FORM PREVENT PARTICIPATION IN PHYSICAL ACTIVITY / PE? **YES** **NO**

Student with known respiratory problems or eczema: If AQI 100 - 149 would you like them to stay inside for break, lunch and PE? YES <input type="checkbox"/> NO <input type="checkbox"/>
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PARENT'S SIGNATURE: _____

DATE: _____