



V. J. E!

*Our Lady of Mount Carmel Parish School*  
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*"Where Faith Makes the Difference in Education"*

V.J.E.

**PHYSICAL EDUCATION**

Dear Parent/Legal Guardian:

It is very important for your child's physical education teacher to be aware of any injury, illness or operation your child has had that may affect his/her performance in class. For example, allergies, asthma or broken bones that did not heal properly.

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

\_\_\_\_\_ My child does have a physical problem that will prevent him/her from participating in physical education. A copy of his/her physician's excuse is attached.

\_\_\_\_\_ My child does have a problem that may hinder his/her participation in physical education class. Please describe below:

Type of injury, illness or operation and prognosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special considerations: \_\_\_\_\_

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

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent and/or Guardian Signature

Thank you for your support and cooperation.

Sister M. Rosario Vega, HMSS  
Principal