

PHYSICAL EDUCATION 12

WAIVER FORM

_____ is hereby given permission to participate in physical education activities **on and off** school premises for the duration of the course. Transportation may include walking, the use of taxi services, buses, and teachers and/or supervisors driving the students to varied locations.

TEACHER: _____ **SESSION:** *AM or PM (circle one)*

MEDICAL INFORMATION

STUDENT NAME: _____

HOME PHONE NUMBER: _____

EMERGENCY PHONE NUMBER: _____

FAMILY DOCTOR: _____ **PHONE NUMBER:** _____

CARE CARD NUMBER: _____

KNOWN DISABILITIES AND / OR ALLERGIES: _____

Signed at _____, British Columbia, this _____ day of _____, 2012.
(City) (Month)

(Signature of parent or legal guardian of pupil)