

WALTERS JUNIOR HIGH SCHOOL
PHYSICAL EDUCATION MEDICAL FORM

(Please Print)

Students Name _____ Period _____ Grade _____
(Last) (First)
Address _____ City _____ Zip Code _____
Date of Birth ____/____/____ Height _____ Inches Weight _____ lbs
Fathers Name _____ Father's work # _____
Mother's Name _____ Mother's work # _____
Home Phone # _____ Best time to reach you _____

**Is there anything that you would like to share about your student
regarding his or her ability to fully participate in his/her physical
education class?**

**MY STUDENT AND I HAVE READ AND UNDERSTAND THE ATTACHED
INFORMATION (CLASS RULES/ GRADE SHEET /CLASS MATERIALS)
ABOUT WALTERS JUNIOR HIGH SCHOOL PHYSICAL EDUCATION
PROGRAM AND POLICIES.**

PARENTS SIGNATURE DATE

STUDENTS SIGNATURE DATE