

# PHYSICAL EDUCATION 10

## 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)