

Enver Creek Secondary PE Department Information Letter

Please read through the P.E. Policies and Procedures with your son/daughter. This is important, as there are a few key points that we would like you to be aware of in order for your son/daughter to have a successful and enjoyable year. Please answer the following questions, sign the bottom and have your son/daughter return this form to their teacher. If you have any questions or concerns, please feel free to contact the teacher at 604-543-8149.

1. I have read and understand the P.E. Department Policies and Procedures.

Yes

2. Do you have any questions or comments with regards to the P.E. Department Policies?

Yes No

If yes, please specify: _____

3. What are you hoping this program will do for your son/daughter?

4. Medical Information

Are there any medical conditions/problems that would limit your son/daughter's participation in P.E. class that the teacher needs to be aware of? Please keep in mind that this information is confidential but necessary for the safety and success in this course.

Yes No

If yes, please specify: _____

Parent/Guardian daytime contact number _____

5. Will your son/daughter carry any necessary medical supplies (inhaler, EpiPen, etc.) with them to class?

Yes No

If yes, please specify: _____

Print Student Name

Grade Period

Student Signature

Print Parent/Guardian Name

Parent/Guardian Signature