

Student Health Report  
St. Gabriel Physical Education

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

Date	Grade	Teacher	Medical Alert	Signature
_____	_____	_____	_____	_____
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Dear Parents,

To insure the safety of your child, it is important for us to be more aware of his/her medical history. At the beginning of each school year, you will be given this form. Please record any illness, injury or operation that may affect his/her performance during exercise. Include any allergies, asthma, broken bones, ADD, ADHD, vision or hearing problems. On the back of this form, there is space to give further information and/or special considerations. Thank you for your cooperation.

Sincerely,

Michelle Cornwell-Physical education teacher

