

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_



**Your child cannot participate in gym classes  
until this form is received in the school office.**

**GYM PERMIT FORM**

\_\_\_\_\_ may participate in physical education classes  
(Student's Name)

at St. Barbara School for the 2007-08 school year. If during the year your child cannot participate in physical education classes due to health reasons, a doctor's note must be provided stating the reason why he/she cannot participate. If the original note does not state when he/she would be able to return to gym class, then another note releasing them must be provided. Please send a note to the office if there are any health concerns that could affect your child such as asthma, heart conditions, etc.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent's Signature)