

**Holy Family School Notice 1602**  
**Parental Consent Form For Physical Education Lessons**

2<sup>nd</sup> September, 2016

Dear Parents and Guardians,

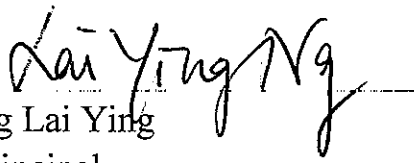
To provide a well rounded education for our children, Physical Education (P.E.) lessons are offered to all students. However, parents are reminded to consult a physician if their child(ren) suffer from any physical ailment(s) that might put them at risk when participating in P.E. lessons or other sports-related extra-curricular activities.

To ensure all necessary safety precautions are taken, parents must inform the school of any relevant health conditions. If parents request that their child(ren) be removed from any physical activity or P.E. class, please provide a doctor's certificate and state the reason on the reply slip overleaf. If a previously healthy child should develop potentially harmful ailments at a later date, the school must be informed by the parents immediately. If the parents are not sure about whether their child(ren)'s condition(s) preclude their son(s) or daughter(s) from participating in P.E. lessons or physical activities, they must consult a physician.

Please fill in the reply slip below and return to the school. Thank you for your co-operation.



Yours faithfully,

  
Ng Lai Ying  
Principal

**Reply Slip**  
**Parental Consent Form For Physical Education Lessons 1602**

Dear Principal,

With regard to my child's health:

1.  it is suitable for him/her to participate in P.E. lessons or other sports-related extra-curricular activities.
  
2.  he/she may attend P.E. lessons or other sports-related extra-curricular activities, but certain vigorous physical exercises, as specified by a physician, are not suitable since my child is suffering from \_\_\_\_\_.
  
3.  he/she will not attend P.E. lessons or other sports-related extra-curricular activities until \_\_\_\_\_(date), since my child is suffering from \_\_\_\_\_.
  
4.  it is NOT SUITABLE for him/her to participate in P.E. lessons or other sports-related extra-curricular activities, since my child is suffering from \_\_\_\_\_.

Student's Name : \_\_\_\_\_ ( )

Class : \_\_\_\_\_

Parent's signature : \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Date : \_\_\_\_\_

\* Tick the appropriate box

(Please return this reply slip to the class teacher)