

School Health

Health sheet for Physical Education / P.E. / Sports lessons

Dear parents,

Please complete this questionnaire. Your information is important for our work and will of course be treated confidentially. Please let us know if there are any changes in your child's health during the school year. Thank you for your cooperation!

Name of child: **First name:** **Class:**

My child does **not** have any health problems and participates in physical education.

My child participates in physical education. The following **health impairments** (e.g. glasses, asthma, allergies, seizure disorders, spinal damage, diabetes, ...) are present.

Health restriction (e.g. asthma)	Possible emergency (e.g. shortness of breath)	Emergency measure (e.g. pass Asthma inhaler)

My child has a doctor's **certificate** and will **not** be taking part in PE lessons.

DateSignature

Should you have any further questions or other information that is important to us, please do not hesitate to contact the sports teacher in charge.

Yours sincerely

The group of P.E. / Sports teachers