

# HANCOCK'S STUDENT MEDICAL FORM

NAME \_\_\_\_\_ PERIOD \_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

ADDITIONAL CONTACT IN CASE OF AN EMERGENCY:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

This class requires all students to be physically active. Sometimes special situations like physical limitations, past or current injuries, and/or medications can affect a student's ability to fully participate in class. It is important that your teacher knows about any such conditions ahead of time. This is mainly for your safety, but it could also affect your grade. Please note that a doctor's note is required for excusing participation points if you are unable to participate for more than 2 days.

ANY ALLERGIES? \_\_\_\_\_

PLEASE LIST ANY HEALTH PROBLEMS I SHOULD BE AWARE OF:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We have completely read and discussed the information, policies and expectations of Coach Hancock's 9<sup>th</sup> Grade PE class for the school year online at [vhmspe.weebly.com](http://vhmspe.weebly.com). I also give permission for my student to attend lifetime activities away from Vista Heights Middle School campus. I understand that my student is expected to behave appropriately while traveling to and at the site of the activity. If my student does not follow the rules or acts inappropriately, then I understand that my student will not be allowed to participate in activities and that no fees will be refunded.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE