

**Exhibit - Certificate of Physical Fitness For Participation in *Elementary Extracurricular Physical Activity Programs***

*After completion by parent/guardian, please return to Building Principal*

Student:	
Sport/Activity:	Date of Birth:

I am the parent(s)/guardian(s) of the above student. I certify that my child/ward is in good physical health and is capable of participation in the above mentioned sport or activity. No need exists to limit his/her participation. I assume full responsibility for his/her physical condition and participation. I will notify you of any changes in his/her physical condition.

Parent/Guardian ( <i>please print</i> ):		
Home Address:		
Home Phone:	Business Phone:	Cell Phone:
Physician:		Phone:

Student's Medical History:	Heart Condition	Yes	No
	Allergies	Yes	No
	Diabetes	Yes	No
	Epilepsy	Yes	No
	Asthma	Yes	No
	Other:		

Any injuries and/or surgical procedures during the past year? (*Include dates*)

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Has your student's physical activity been restricted during the past year?

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Is the student currently taking any medication? Yes No

If Yes, please provide name of medication, frequency, dosage, and reasons for taking:

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Parent/Guardian

Signature:\_\_\_\_\_Date:\_\_\_\_\_

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\*Secondary schools should substitute the IHSA's Participation Examination for this form when the sport is IHSA regulated.

APPROVED: July 14, 2008