

MEDICAL RELEASE FORM

_____, to the best of my knowledge is physically
Student's name
capable of participating in the exercise program for this Physical Education class. I
recognize that risk of illness or injury is inherent in any exercise program. I understand
that it is best that _____ consult a physician before starting
Student's name
any exercise program. I agree to notify the instructor of any changes in
_____'s medical condition.
Student's name

Parent or Guardian Signature

Date