**Student Medical Screening Form for Parent(s)**

This form is used by the physical education teacher to gather medical data to ensure safe and successful participation in physical education. Please indicate below any medical considerations that may impact your child’s physical education participation. **All information will be kept confidential.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Student | Date of Birth | Grade | Classroom Teacher |
| Name of Parent/Guardian | TelephoneHome Work |
| Name of Emergency Contact | TelephoneHome Work |

**Please be specific Diagnosis**

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Permanent** | **Temporary** | **Estimated Duration** |
| Neurological/Genetic Disorder (e.g., seizures, hyperactivity, coordination problems)Describe: |  |  |  |
| Heart or Lung Condition (e.g., heart murmur, asthma)Describe: |  |  |  |
| Orthopedic Condition (indicate area and extent of the condition, e.g., broken bones, spina bifida)Describe: |  |  |  |
| Sensory Impairment (e.g., vision, hearing, tactile)Describe: |  |  |  |
| Behavioral ConsiderationsDescribe: |  |  |  |
| Medication: list all medications being taken and potential side effects (use reverse side if needed)Describe: |  |  |  |
| Diabetes I or IIInsulin? \_\_\_\_\_Yes \_\_\_\_\_No |  |  |  |

Does your child have a shunt? \_\_\_\_\_Yes \_\_\_\_\_No

If Down Syndrome, does your child have atlantoaxial instability? \_\_\_\_\_Yes \_\_\_\_\_No

|  |  |
| --- | --- |
| Parent/Guardian Signature | Date |

Please use the back of this page to indicate any conditions or concerns not listed above.

Adapted from TAHPERD Adapted Physical Education Manual of Best Practices, 2nd edition.