Notification of student injury / medical condition

which impact on a student's ability to engage in physical activity at school

Please refer the details on the reverse of this form prior to completing the form

Student:	
Year:	
Commencement date of notification	
End Date of notification	
Parent Signature	

Student photo to be added here by school

Details of Injury or medical condition. Please attach medical certificates if available.

How this impacts on the student's ability to participate in sport / PE / mobility

Please attach additional information including information from medical practitioners.
Return this form to Mr Teece