



Savannah-Chatham County Public School System  
**Medical, Health, and Physical Education  
Program Form**

**MEDICAL INFORMATION**

Legal Last Name:	Legal First Name:	Middle Name:	Suffix:
Birthdate:	School:		
Medical Alert or Concerns:	<input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure Disorder		
<input type="checkbox"/> Serious Allergies: _____ <input type="checkbox"/> Other: _____			
Other Special Health Needs at School:			
Physician:	Phone:	Dentist:	Phone:
Preferred Hospital:	Insurance Carrier: <i>(optional)</i>	Policy Number: <i>(optional)</i>	

**CONSENT FOR TREATMENT**  
In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for 1) the administration of any treatment deemed necessary by the physician/dentist above; or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and 2) the transfer of my child to the hospital above or any hospital reasonably accessible. I accept full financial responsibility for the payments of all charges made for medical services rendered. I absolve school officials of any liability who in good faith comply with this request.

**REFUSAL OF CONSENT**  
I DO NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring immediate treatment, I wish the school authorities to take the following action:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** In a life threatening situation, emergency medical care will be provided to ensure student's safety.

**PHYSICAL EDUCATION PROGRAM INFORMATION**

Dear Parent(s)/Guardian(s):

Your child may be participating in a required program of physical education which is designed to provide activities in the development and refinement of individual physical, mental, and social skills. The FITNESSGRAM physical fitness assessment will be administered to all students enrolled in a physical education class. FITNESSGRAM is a health-related fitness assessment developed by The Cooper Institute for Aerobic Research and is a research-based criterion referenced test.

For maximum safety, all physical education students must wear tennis shoes during physical education classes.

**Elementary Students:** School uniforms must be worn. If girls wear skirts/ jumpers, they must wear a pair of shorts as well on their physical education day(s).

**Secondary Students:** A change of clothes which allows freedom of movement is required in order for your child to benefit from full participation. Physical Education clothing includes appropriate t-shirt, athletic shorts, or loose fitting warm-ups only. No jeans, tank tops, short shorts, or school uniforms.

Please see that your child is dressed appropriately for weather conditions and activities.

If your son/daughter is unable to participate in the regular physical education program due to medical concerns or physical disability, please mark "restricted program" and attach a doctor's medical statement including restrictions and length of time to be excused from active participation. If "regular program" is marked, then your child will be expected to participate in the regular physical education program. If your child cannot participate because of a temporary illness, you may write a note which will excuse him/her for that day.

Please check appropriate box:                       Regular Program                       Restricted Program (medical form attached)

Sincerely,  
Director of Health, Physical Education, and Athletics

