

SCHAGHTICOKE MIDDLE SCHOOL  
NEW MILFORD, CT 06776

NOTICE TO PARENTS

Board policy and state law require that all students attending the New Milford Schools participate in physical education classes unless deferred by the school or family physician for medical reasons. Accordingly, it is requested that you complete the appropriate form and have your son/daughter return it.

Thank you for your cooperation in this matter.

AUTHORIZATION TO PARTICIPATE IN PHYSICAL EDUCATION

Grade \_\_\_\_\_ Team \_\_\_\_\_ Date \_\_\_\_\_

Permission is hereby granted for my son/daughter to participate in all physical education classes conducted under the auspices of the New Milford Public Schools.

To my knowledge \_\_\_\_\_ has no physical  
student's name

or impairments that would necessitate his/her being medically excused from physical education classes during the 20 \_\_\_\_\_ -- 20 \_\_\_\_\_ school year.

\_\_\_\_\_  
Parent/guardian signature

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REQUEST FOR MEDICAL DEFERMENT FROM PHYSICAL EDUCATION

Grade \_\_\_\_\_ Team \_\_\_\_\_ Date \_\_\_\_\_

Please release \_\_\_\_\_ from all active  
student's name

participation in physical education classes for a period of \_\_\_\_\_

Nature of injury or medical impairment \_\_\_\_\_

\_\_\_\_\_  
Doctor's signature

\_\_\_\_\_  
Parent/guardian signature