



## ***Southwestern Educational Society***

**PO Box 40**

**Mayagüez, Puerto Rico 00681**

**Tel: (787) 834-2150 Fax: (787) 265-2500**

e-mail: [info@sesolion.com](mailto:info@sesolion.com)

[www.sesolion.com](http://www.sesolion.com)

*Accredited by the Middle States Association of Colleges and Schools since 1991*

### **FIRST AID AND PHYSICAL EDUCATION RELEASE FORM**

We hereby request permission for your child (ren) to perform all activities required in the Physical Education class (P.E.). If your child (ren) has any kind of physical limitation or condition, which would prohibit or limit any participation, a medical certificate is required. In addition, we request your authorization for the school First Aid Officer/Personnel to give first aid assistance or take any necessary measures for the treatment and care of your child (ren) in case of an emergency, and/or the administration of prescribed medication (necessary for the child's special condition during school hours) and non-prescribed medication such as Acetaminophen, Benadryl, Advil, Tums, Pepto-Bismol, antibiotic creams and other over the counter products.

<b>Student's Name</b>	<b>Grade</b>	<b>Any physical condition/allergy (specify)</b>	<b>PE Participation YES/NO</b>
1.			
2.			
3.			
4.			
5.			
6.			

<b>IN CASE OF EMERGENCY NAME</b>	<b>Relationship</b>	<b>Phone Numbers</b>
Contact 1		
Contact 2		
Contact 3		

**It is understood and agreed that neither SESO nor any of its administrative officers or faculty shall be liable in any way for such services.**

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date