

# Parental Consent Form for Adaptive Physical Education

**Student Name:**

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**Date of Birth:**

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**School:**

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**Grade:**

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## Parent/Guardian Information

**Name:**

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**Phone Number:**

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**Email Address:**

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## Consent

I, the undersigned parent/guardian, give permission for my child to participate in the Adaptive Physical Education program provided by the school. I understand that appropriate accommodations will be made to meet my child's needs.

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