

**ISLAMIC PRIMARY SCHOOL  
NOTICE**

**Participation in P.E. Lessons and Other Physical Activities**

E/IC/SC/22/5  
1<sup>st</sup> September 2022

Dear Parents,

To enable students to develop their ethical, intellectual, physical, social, and aesthetic potential, P.E. (Physical Education) is included in the school curriculum. Participation in sports is good for children's mental and physical health. Parents must however pay attention to their children. Children with tonsillitis, bronchitis, otitis media or tuberculosis, or, who have diseases of the heart, vascular system, kidney, liver, intestine, pancreas, gall bladder etc. should not participate in sports activities unless they have received written permission from a registered physician. It is not suitable for them to participate in sports activities until they have received approval from registered doctors.

If your child develops symptoms of the above diseases or other diseases not listed above, and you seek either a permanent or a temporary exemption from P.E. lessons and sports activities from our school, please state the reason(s) by completing the consent form. Please return it with a certification letter from a registered doctor. If circumstances have changed since you permitted your child to participate in sports activities (e.g. your child feels sick occasionally and requires a permanent or temporary exemption from participation in sports activities), please notify the school immediately.

If you are unsure if your child's health is suitable for participating in sports activities or not, please consult a registered doctor as soon as possible.

Yours sincerely,



Ko Tak Yin  
Headmistress

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**Reply Slip**

(E/IC/SC/22/5)

**Participation in P.E. Lessons and Other Physical Activities**

Dear Headmistress,

My child \_\_\_\_\_ ( \_\_\_\_\_ ), Class \_\_\_\_\_

(Put a ✓ in the  of your choice)

**May**

participate in P.E. lessons and other/related physical activity.

**May not**

Remark: If you do not agree with your child participating in P.E. lessons and other school activities, state the period and reason(s) for the exemption below. Please attach a valid medical certificate from a registered doctor.

The period of exemption is from \_\_\_\_\_ to \_\_\_\_\_

Reason(s) \_\_\_\_\_  
\_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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