

# Request for Waiver of Physical Education Class

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Teacher's Name]

[School's Name]

[School's Address]

[City, State, Zip Code]

Dear [Teacher's Name],

I am writing to formally request a waiver for my child, [Student's Name], from participating in Physical Education class due to a recent injury. [Student's Name] has been diagnosed with [brief description of the injury] and has been advised by [Doctor's/Physician's Name] to refrain from any physical activities that may exacerbate this condition.

We appreciate the importance of physical education in fostering a healthy lifestyle, and this request is made solely based on the medical advice we have received. Attached to this letter is a medical certificate confirming the diagnosis and recommendation for a temporary waiver.

We kindly ask for your understanding and support in this matter. Please let us know if you require any further information or documentation regarding this request.

Thank you for your attention to this matter. We look forward to your favorable response.

Sincerely,

[Your Name]

[Your Relationship to Student]