

KIRBY SCHOOL DISTRICT 140  
Tinley Park, Illinois

PARENT/GUARDIAN PERMISSION AND CONSENT FOR  
PARTICIPATION IN KIRBY SCHOOL DISTRICT 140 INTRAMURAL or SWIC PROGRAM

\*\*\*Please note: A Sports Physical is required before participation in SWIC – Southwest Interscholastic Conference\*\*\*

Sports Physical Required: YES SWIC Participant NO Intramurals Only

Sport Activity: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Work/Cell: \_\_\_\_\_ Father's Work/Cell: \_\_\_\_\_

Allergies: \_\_\_\_\_ EPI-Pen: YES/NO

Medical History: \_\_\_\_\_

Asthma: NO \_\_\_ YES \_\_\_ Inhaler Use: Frequent \_\_\_ Rare \_\_\_ With Exercise \_\_\_\_\_

Medications Prescribed: \_\_\_\_\_

Surgical History: \_\_\_\_\_

An emergency contact is someone other than yourself who is able to pick up your child in the event of an illness or injury.

Emergency Contact Information: \_\_\_\_\_  
Name Phone

Emergency Contact Information: \_\_\_\_\_  
Name Phone

I hereby give my consent for the above-named student to participate in the above-named intramural or athletic activity.

To my knowledge, my child is in good physical condition and there is no medical reason to limit or prohibit my child's participation in the above-named activities. I understand that if my child is participating in a SWIC athletic sport that a sports physical is required before participation.

I understand that my child must either carry student insurance or I must accept the financial responsibility for any and all injuries for said child arising out of any such accident either out of pocket or through private medical and hospitalization insurance which I may have covering such injuries to my child. I further understand and agree that Kirby School District 140n does not provide medical insurance for students nor will the School District pay for any medical treatment or transportation to a medical facility that may be required due to any injury arising from my child's participation.

I agree to be responsible for the above-named pupil. I do hereby hold Kirby School District 140, its officers, agents, and employees, harmless for any injury or accident that may occur as a result of my child's participation in any approved intramural or athletic activity.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PERMISSION FORM

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian