

**Westchester Public Schools
District 92½**

Intramurals, After-School Athletics, and Cheerleading Consent Form

No forms for Fall/Winter or Spring sports will be accepted after the following dates.

Fall/Winter: Due by August 27, 2010

**Boys Softball Cheer/Dance Team
Girls Basketball Fall Intramurals
Boys Basketball**

Spring: Due by January 7, 2011

**Girls Volleyball Girls Softball
Boys Volleyball Spring Intramurals**

It is necessary to have parental consent before students can engage in intramurals, cheerleading, dance teams, and after-school athletics.

Student's Name _____ Grade _____

1. Is your child taking any medication(s)? Yes _____ No _____

If "Yes", please list _____

2. Are there any significant health factors of which the school should be aware? Yes _____ No _____

If "Yes", please list _____

Any injury sustained must be reported to the supervisor/coach on the day the injury occurs. It must be further understood that under no circumstances does the school district's insurance policy cover **ANY STUDENT INJURIES**. The administration requires **STUDENT ACCIDENT INSURANCE or PROOF OF A FAMILY POLICY**. Please indicate your insurance company and policy number or attach a copy of your insurance card.

INSURANCE COMPANY _____

INSURANCE POLICY NUMBER _____

Please sign this form and have your **PHYSICIAN COMPLETE THEIR PORTION ON THE BACK**. Completion of this form gives your permission and will allow your child to participate in intramural and after-school athletics in the Westchester Public Schools.

EMERGENCY INFORMATION

Father's Daytime Telephone

Mother's Daytime Telephone

Private Physician's Name

Address

Physician's Phone Number

Hospital

If neither parent/guardian can be contacted, I authorize the school administration to take emergency action as may be deemed necessary.

Parent/Guardian's Signature

Date

(Over)

PHYSICIAN'S REPORT

**Westchester Public Schools
District 92½**

Name of Student _____ Grade _____

Address _____ Date of Birth _____

_____ Home Phone _____

Examination Report:

Heart _____ Blood Pressure _____

Abnormal Findings _____

This is to certify that I have examined the above named student as to his/her physical condition, and that in my judgement he/she is:

_____ Able to participate in all competitive sports and intramurals

_____ Exceptions _____

Comments: _____

Physician's Signature _____ Date _____

Address _____ Office Phone _____

*** All Sports Physicals can be used for any sport for the entire school year.**