

## Interscholastic Athletic Medical Consent 2011-2012/5772

This form is required to be on file with CJHS for all students intending to participate in sports activities at any time during this school year.

In order for CJHS students to participate in interscholastic athletic practices or contests, the student, the student's physician, and the parent/guardian must complete this consent form. Please note that the physical examination for interscholastic sports will only be valid for one year from that date. Therefore, please try to schedule the student's physical so that it will cover the entire school year of interscholastic activities. **This form is required to be on file with CJHS for all students intending to participate in sports activities this fall, winter, and/or spring. You may either type in the form and print it for your doctor's signature, or you may print, then fill in the information by hand.**

**To be completed by the student's parent/guardian:**

<b>Student's Name:</b>		<b>Birth date:</b> Month/day/year	
<b>Address:</b>		<b>Birthplace:</b>	
<b>Home Phone:</b>		<b>Gender:</b>	
<b>Cell Phone:</b>		<b>School attended in 2011-2012:</b>	
I hereby apply to participate in interscholastic athletics at Chicagoland Jewish High School. I agree to abide by the constitution, rules and by-laws of the Illinois High School Association and the CJHS Code of Conduct. <i>Student's Signature</i> —please sign your name and date in the boxes below. Your typed name constitutes a signature and consent.			
<b>Student's Signature:</b>		<b>Date:</b>	

**To be completed by the student's physician:**

<b>Physician's Name:</b>			
<b>Medical Group Name/Address:</b>			
<b>Phone Number/Fax:</b>			
<b>Date of Physical:</b>		If the physical is more than one year old, it is not acceptable.	
Allergies:	Seizures:	Medications:	Other:
Comments:			
<b>Unless otherwise noted, the student named above is allowed to play in all interscholastic sports at CJHS. I hereby certify that I have examined the above-named student and there appears to be no medical reason why he/she is not physically able to compete in supervised athletic activities at CJHS, as checked above</b>			
<b>Sports or activities NOT ALLOWED:</b>			
<b>Physician Signature/Date:</b> <i>Only original accepted</i>			

**PLEASE READ EACH STATEMENT:**

- I (we) realize there is a possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities.
- I (we) further understand that the school disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances or paramedics, etc. arising out of or by virtue of an injury to my (our) child while participating in such interscholastic competition or preparation thereof.
- My (our) above named child has my (our) approval to participate in all interscholastic sports.
- I (we) are aware that CJHS Physical Education classes, as well as team practices, will be held at CJHS, a local park district, or other offsite facilities.
- I (we) further acknowledge that before my (our) child can participate in such school-sponsored sport(s), this consent must be executed by me (us) and filed at the school, together with the result of a physical examination indicating that my/our child is physically fit to participate in such school-sponsored activities.

<i>I have read each of these points above and agree to the policies presented.</i>			
<b>Parent/Guardian's Signature:</b> <i>Your typed name constitutes a signature and consent.</i>		<b>Date:</b>	