

**PERMISSION TO PARTICIPATE/AUTHORIZATION TO OBTAIN MEDICAL  
TREATMENT/LIABILITY RELEASE**

*This form must be signed and turned in PRIOR TO participation!*

Student Name:	Date of Birth:
Sport/Activity:	Home Phone:
Home Address:	
Physician:	Phone:
Allergies, Medications, or Other Health Concerns:	

I, the undersigned parent or guardian, do hereby grant permission for my child named above to participate in athletic clinics and tryouts at Kelvin Grove School for the above named sport or activity.

I understand that this activity involves risk to the participant. I further acknowledge and understand that due to the nature of this activity and all athletics, there is a possibility that my child may sustain physical illness or injury (minimal, serious, or catastrophic), in connection with his or her participation. I further acknowledge and understand that my child is assuming the risk of such physical illness or injury by his/her participation, and I further release Kelvin Grove School and District 91 and its representatives from any claims for personal illness or injury that my child may sustain during participation in this activity.

I further understand that Kelvin Grove School has established rules and regulations pertaining to conduct, behavior, and activities of all students and athletic participants, by which my child must abide during participation in this activity, and that my child and I will be responsible for his/her failure to abide by those rules and regulations.

To whom it may concern: In the event reasonable attempts to contact me at the locations listed below are unsuccessful, I, as parent or legal guardian of the above named student, do hereby authorize: (1) the treatment by a licensed medical physician of my child/ward in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, and (2) the transfer of my child/ward to any hospital reasonably accessible.

Name:	Relation to student:
Address:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

Other Emergency Contact:	
Home Phone:	Business Phone:
Cell Phone:	Other Phone:

My child and I have read and understand the above Medical Treatment Authorization and Liability Release. In order that my child may receive the necessary medical treatment in the event she/he may sustain injury or illness during participation in this activity, I hereby authorize the coaches or other supervising adult to obtain medical treatment for my child for such injury or illness during the activity, and I hereby hold Kelvin Grove School and District 91 and its representatives harmless in the exercise of authority.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_ Participant has a current sport's physical on file in the School Nurse's Office.