



SKOKIE SCHOOL  
DISTRICT 68

Old Orchard Junior High School  
9310 Kenton Avenue  
Skokie, Illinois 60076-1336  
Telephone: 847/676-9010  
Fax: 847/676-3827

**THIS IS VALID FOR ONE (1) YEAR**

**Interscholastic Athletics Permission Slip**

I hereby give my child, \_\_\_\_\_ permission to try-out and if selected, participate in the Interscholastic Program of Old Orchard Junior High School.

I understand the Illinois State Law requires my child to have a complete physical examination each year before participating in interscholastic sports at Old Orchard Junior High School.

It is understood that in the case of injury during a practice or game, the following procedures will be followed:

1. Parents will be contacted by phone if at all possible, before any action other than first aid is administered.
2. Emergency service (Fire Dept.) will be called where hospitalization is evident.

It is understood that transportation home from school after games, to and from practices will not be provided by the school and that my child and I are responsible for his/her safe conduct to and from school.

A season's schedule of games home and away will be given to each team member at the beginning of the season for my information.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Team and Grade

**DOCTOR'S PERMIT**

On \_\_\_\_\_, I examined, \_\_\_\_\_  
Date Student Name

and found him/her to be:  Physically Fit  
 Not Physically Fit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Phone

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