



*Evanston/Skokie
School District 65
www.district65.net
Forward to Excellence*

*Park School
828 Main Street, Evanston IL
847 424-2302 (Phone)
847 492-7962 (Fax)*

Authorization to Participate in Swimming

Student: _____ **Date of Birth:** _____

School: PARK SCHOOL **School Year: 2018-2019**

As part of our Adaptive Physical Education Program at Park School, students will have the opportunity to participate in supervised water programs. Please complete this form in its entirety including authorization from the parent/guardian and physician for your student to participate in this program. This form must be returned to the school nurse before your student may participate in the swimming activities. Questions may be directed to Amy King, RN, BSN, CSN kinga@district65.net or 847-424-2302.

To Be Completed by Medical Provider

- I have examined this student and approve participation.
- This student is unable to participate at this time.

Please include any special considerations, precautions, or restrictions that need to be included for student's participation:

Healthcare Provider (Printed Name)	Date	<u>MD Office Stamp:</u>
Healthcare Provider (Signature)	Address/phone number	

To Be Completed by Parent/Guardian

- I authorize my student to participate in water programs based on the approval of my medical provider.

Parent/Guardian Signature	Date
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