

AFTER SCHOOL ACTIVITY PERMISSION FORM

In order for your child to participate in the activity listed below, this completed form must be received by the classroom teacher by _____.

My child, _____ has permission to participate in the following after school activity: _____

DATE(S): _____

TIME: from _____ (beginning) to _____ (ending)

LOCATION: _____

MEDICAL INFORMATION (CONFIDENTIAL) – to be shared with the activity leader. **Please list below any health concerns that the activity leaders should be aware of, such as medical conditions, physical limitations, allergies (food, latex, insects, medications, etc.) or medications required during the activity.**

Parent/Guardian: To the best of my knowledge, the above student is in good health with the medical conditions/limitations, allergies and medication reactions as noted above. I will contact the activity leader in the event of a change in my child's medical condition. In case of illness or accident, I give permission for emergency treatment to be administered and will assume full responsibility for such action, including costs.

Phone # where parent(s) can be reached during the activity _____

Emergency Contact (in the event that the parent(s) can not be reached):

Name _____ **Phone #** _____

Relationship to student: _____

Physician: _____ **Phone #** _____

Preferred Hospital: _____

For elementary school parents who will not be able to pick up their own child:

I authorize following person to pick up my child from the above activity on the following date(s): _____

Name: _____ Phone # _____

Parent/Guardian Signature: _____ **Date:** _____

Name: _____ (please print)