

AFTER SCHOOL ACTIVITY  
PERMISSION FORM  
Henniker Community School

Student Name: \_\_\_\_\_

My child, \_\_\_\_\_ has permission to participate in cross country 2014.

Activity day & time: Monday & Wednesday - 3:15-4:15

Supervising Staff: Chris Nase & Samantha Weaver

For this activity the student needs to bring: sneakers & comfortable, weather appropriate clothing

Parent phone #: \_\_\_\_\_ Parent e-mail : \_\_\_\_\_

Parent cell #: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** The school nurse will not be present.

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**HEALTH STATEMENT**

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Number at which parent can be reached on day of the activity: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Check all that apply:

\_\_\_\_\_ Allergies/medical concerns

\_\_\_\_\_ My child needs to receive (or have available) the following medication during the activity:

Medication name: \* \_\_\_\_\_ Time to take? \_\_\_\_\_

Medication as needed: (e.g. epipens/inhalers)

If taking medication on the field trip you must check one below:

\_\_\_\_\_ Parent will provide medication from home to the teacher

\_\_\_\_\_ Teacher should obtain this medication from the school nurse

*\*This information will be made available only to emergency (EMS) personnel and staff members.*

You have my permission to assist/supervise my child in taking the medications listed above. I understand that a teacher or other responsible adult designated by the principal may carry the the child's medication. In the event of an emergency or serious illness, I request that you contact me. You have my permission to obtain any emergency care necessary to ensure my child's well-being during the activity.

**My child has NO health issues/restrictions**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_