

2017 Cross Country
PERMISSION FORM
Henniker Community School

Student Name: _____

My child, _____ has permission to participate in cross country.

Activity day & time: Mon/Wed 3:15-4:15 and meets

Supervising Staff: Chris Nase

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.

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 _____

