

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____



PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR OVER-THE-COUNTER MEDICATION FOR THE STUDENT ARE ON FILE IN THE SCHOOL.



Check here if child **may not** participate in Activity number: (1) [Please provide details and an explanation on this sheet.