

School Sponsored Club/Activity Enrollment Form

Club/Activity Name:

Sponsor Name:

Dates of Club/Activity:

Time:

School:

Grade:

Student's Name:

Birthdate:

Parent's Name(s):

Preferred Phone:

Emergency Contact Name:

Phone:

This health and medication information will be shared with the school nurse and club/activity sponsor to provide for your child's safety and well-being.

HEALTH INFO: Does your child have: (circle & please give specific information for all that apply)

Life Threatening Allergies? NO YES

Please List:

Asthma? NO YES

Specify: Inhaler Nebulizer Other

Convulsions/Seizures NO YES

Diabetes? NO YES

Activity Limitations? NO YES

Specify:

Other?

Specify:

Will your child need access to any medications during this activity/club? NO YES

If yes, please specify name of medication:

If so, you will need to supply this medication as Health Room access may not be available at the time of this club/activity.

***Please note: ALL medications for club/activity must comply with district medication policy.

Parent/Guardian Signature

Date

Developed June 2017



Douglas County School District
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