



HARPER PARK MIDDLE SCHOOL



AFTER SCHOOL ACTIVITY PERMISSION FORM – 2014-2015

Student's Full Name: \_\_\_\_\_ Activity: FCA, Thursdays until 4:25

Full Name of Parent(s)/Guardian(s): \_\_\_\_\_  
Home Phone Number (w/Area Code): ( ) \_\_\_\_\_  
Phone number of person(s) picking up child ( ) \_\_\_\_\_ Name \_\_\_\_\_

**HEALTH INFO**

Any medical issues or allergies we need to know about? \_\_\_\_\_  
Name of Child's Primary Care Physician: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Health Insurance Company: \_\_\_\_\_  
Policy/Member # \_\_\_\_\_ Phone # \_\_\_\_\_

**Reminders from the School Health Clinic  
for school sponsored after or before school activities and sports**

*If your child has **diabetes, an epinephrine auto-injector, an inhaler, or other emergency medication at school**, please notify the teacher/sponsor that your child has a health concern. **The clinic is closed after dismissal and the nurse is not in the building.** Arrangements need to be made to have medication available and to train staff. It is strongly suggested that middle and high school students carry their own inhaler and/or epinephrine auto-injector for quick access to medication. In order for the students to carry an inhaler, the physician must complete and sign the "Asthma Action Plan", form 11:14, giving his/her permission for the student to carry the inhaler and the parent and student must sign the "Parent/Student Agreement for Permission to Carry an Inhaler", form 11:14b. For students with an epinephrine auto-injector, the physician will need to sign the bottom of form 11:10 and the parent will need to sign form 11:10c under "Agreement for Permission to Self-Administer and/or Carry Epinephrine". In order for students with diabetes to carry any of their medical supplies, the diabetes form Part 4: "Permission to Self-Carry and Self-Administer Diabetes Care", needs to be signed by the physician, parent and student.*  
All forms are available on <http://www.lcps.org/page/2014> or from the nurse.

**I understand that my son/daughter must abide by all rules and regulations of the school and also of those established by the sponsor of the after school activity. If my son/daughter does not abide by necessary guidelines, proper disciplinary action may be taken, which includes, but is not limited to dismissal from the after school program.**

**The student listed above must be picked up immediately after the conclusion of the activity (activity & end time at top of form). Failure to pick up the child at the conclusion of the activity may result in the child being ineligible to continue participation. Please notify the sponsor whenever your child is not staying for the activity.**

\_\_\_\_\_  
Parent Signature Date  
**\*\*SIGNATURE INDICATES AGREEMENT WITH ALL CONDITIONS LISTED ABOVE\*\***

FCA REQUESTED INFO

The adult FCA volunteers would like to be able to update the parents of our Huddle (club) members with FCA and Huddle news and other needs or volunteer opportunities for the Huddle.  
If you would like to be added to the update distribution please fill in your email address(es) below.  
(These updates would be 2-4 times a month at most).  
You can also visit [loudounfca.org](http://loudounfca.org) for more information.

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Email: \_\_\_\_\_