Harper Park Middle School

After School Activity Permission Form

_______________________ give permission for my son/daughter ___________________________
(Parent Name)         (Student Name)

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. I also give permission for my son/daughter to ride the after
school activity buses, which provide regional transportation home.

___________________________________________   ______________________
Parent Signature           Date

Harper Park Middle School After School Activity __________________________________________
Name(s) of Sponsors ___________________________________________________________________
Meeting Dates ________________________________________________________________________
Meeting Times _______________________________________________________________________

Check out http://www.lcps.org/hpms for specific info about activities.

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.