Smart’s Mill Middle School  
After School Activity Permission Form  

Student Name ___________________________________  
Grade _______  

Phone number in case of an emergency ___________________________  

My child has permission to attend the following activity: ___________________________  

Date: ___________________________  Teacher: ___________________________  

__________________                   ___________________________  

Parent Name  Parent Signature  

At dismissal (4:45pm) my child will:  

___ walk home  

___ take the activity bus  

___ get picked up (Please meet your child in the side parking lot. Buses will be in front of the school.)  

☐ The activity meets regularly:  

Every ______________ From ____________ To ____________  

Day / Month  Start Date  End Date  

Reminders From the School Health Clinic  

For all school sponsored after-school activity 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. Also notify the health clinic assistant/nurse 1-2 weeks prior to the event. The clinic is closed after dismissal and the nurse/health clinic assistant is not in the building. Arrangements need to be made to have medication available and to train the 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. For 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 and student will need to sign form 11:10c under “Agreement for Permission to Self-Administer and/or Carry Epinephrine.” For students with diabetes to carry any of their medical supplies, the diabetes form Part 4: *Permission to Self-Care and Self-Administer Diabetes Care*, needs to be signed by the physician, parent, and student. All forms are available on our school website or form the school nurse.