



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 during this activity.

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

Life Threatening Allergies?

Please List: _____

Asthma? NO YES

Specify: _____

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.

***Club Sponsor- Please communicate with your School Nurse any health conditions reported