

Parent/Family Name _____

ATHLETICS /ACTIVITIES EMERGENCY FORM ADDENDUM
STUDENTS IN GRADES 5 – 8 ONLY

Student Last Name _____ First Name _____ Grade _____

Sport/Activity _____

List any medications your son/daughter is taking:

List any medications to which your son/daughter is allergic:

List any type of insect bite to which your son or daughter is allergic:

List any medication or treatment to insect bites below:

Parent/Guardian's Signature Date

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This form should be updated as frequently as your child's medical situation changes.

Note: Students will be assessed a \$20 activity fee for each sport or activity.