

Homer 33C Emergency Contact Sheet

Name: _____ Grade: _____

Address: _____

Birthdate: _____ Age: _____

Home Phone: _____

*Father's Name: _____ Phone: _____

Work Phone: _____

Email: _____

*Mother's Name: _____ Phone: _____

Work Phone: _____

Email: _____

Emergency Contact Person if Parent(s) are Unavailable:

Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____

Known Allergies: _____

My Child has a Severe Allergy? Yes: _____ No: _____

If you answered yes to this question, please fill out the back of this sheet regarding your child's allergy.

The team coach may apply first aid treatment until the family doctor can be reached:

Yes: _____ No: _____

We give our consent for coaches to use their own judgment in securing medical aid and ambulance service in case we cannot be reached:

Yes: _____ No: _____

Parent Signature

Date

Extra-Curricular Permission Form for Students with Severe Allergies

Student Name _____

Emergency Parent Phone _____

You have indicated that your child has a severe allergy. Please indicate your preference for treatment during this activity. **You must return this signed form to the activity sponsor before your child can participate in any school sponsored extra-curricular activity.** Please check one and sign below.

_____ My child **has a severe allergy** to _____.

_____ My child does not require medication after school or during this extra-curricular activity for the treatment of his/her severe allergy.

_____ My child requires the use of an Epinephrine Auto Injector and/or an antihistamine for the treatment of severe allergy during the extra-curricular activity. He/she will carry and administer his/her own medication. I have completed the proper forms for Epinephrine Auto Injector carry and/or self-administration and submitted them to the health office. **Please note: If your child does not have his/her medication with him/her, he/she will not be allowed to participate.**

_____ My child requires the use of an Epinephrine Auto Injector and/or an antihistamine for the treatment of severe allergy during the extra-curricular activity. I give my permission for the event sponsor/coach to obtain the Epinephrine Auto Injector and/or an antihistamine stored in the Health Office prior to the activity. **I also recognize that I am responsible for returning the medications to the Health Office the following day for use during school hours.**

Parent Signature

Date

Student Signature

Date

Homer Jr. High School

2015 – 2016 Activity Fee Form

All participants must pay the \$25 activity fee prior to the first contest.

Athlete: _____
(Please circle one.)

Building: HJH Hadley

Sport: _____
circle one.)

Grade: 5 6 7 8 (Please

Fee: \$25 per activity

***Please return this form to your coach with cash or a check made payable to:
Homer School District 33C

Please check one: Cash

Check, Check Number: _____