LANDSTOWN MIDDLE SCHOOL

Intramural Activities Consent AND Emergency Form

STUDENT NAME _____ GRADE _____ AGE _____

Please list any significant health problems that might be significant to a physician evaluating your child in case of an emergency:

_____

_____

_____

Please list allergies including allergies to medications: _____

_____

Has student been prescribed an inhaler or epipen? _____

Does the student wear contact lens? _____

EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby give permission for Landstown Middle School to secure necessary aid and transportation for the preservation for the person named above.

Daytime phone number (where to reach you in emergency) _____

Evening time phone number (where to reach you in emergency) _____

I certify that all of the above information is correct and give my consent and approval for the above named student to participate in the Landstown Middle Intramural Program.

Signature of parent or guardian _____ Date _____

Relationship to student _____

In order to participate in the Landstown Middle after-school intramural program, students are expected to adhere to the following guidelines:

- Follow all school rules as stated in the student planner/handbook.
- Be on time and dress appropriately for the activity.
- Remain in the areas set aside for the program.
- Provide the teacher with a written note from parent/guardian if the need arises to leave before the scheduled end of the program.
- **FAILURE TO FOLLOW THE ABOVEMENTIONED GUIDELINES COULD RESULT IN THE SUSPENSION OF INTRAMURAL PRIVILEGES.**

THIS FORM MUST BE RETURNED TO The INTRAMURAL SPONSOR IN ORDER TO PARTICIPATE.
Students must have a separate intramural form for each intramural in which they participate.