

**KENNETT MIDDLE SCHOOL**  
**176 Main Street, Conway, NH 03818**  
 Ph:(603) 447-6364 (603) Fax: 447-6842

**ACTIVITY PARTICIPANT PERMISSION & RELEASE OF RESPONSIBILITY**

\* Your child cannot participate in this activity until all necessary paperwork has been completed.

\* This is NOT a Physical Examination Form

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
 Participating Student Name                      Date of Birth                      Grade

has my permission to participate in **(Name of Activity)** \_\_\_\_\_  
 after school; I understand that participation in any activity sport involves an inherent risk of accident or injury that may occur despite all reasonable efforts of the school district and its employees to prevent or avoid such accident or injury. I agree that neither the district nor any of its employees shall be responsible for the payment of any bills rendered for medical service as a result of my son or daughter's routine participation.

**EMERGENCY MEDICAL TREATMENT PERMISSION:**

*I hereby authorize the school district to obtain emergency care that may become necessary for my child in the course of activities participation or travel.*

\_\_\_\_\_  
 Parent/Guardian Signature                      Home Telephone & Cell #                      Date

**EMERGENCY INFORMATION / HEALTH UPDATE** - To be completed by the parent. *Positive responses require explanation and may require a medical evaluation.*

Parent Name \_\_\_\_\_ Work Tel. # \_\_\_\_\_ Cell #: \_\_\_\_\_

Mailing Address \_\_\_\_\_ Name of Physician \_\_\_\_\_

Physician Tel. # \_\_\_\_\_ **ALLERGIES** \_\_\_\_\_

- | 1. During the past 12 months:                     | YES / NO  | Explanation | Date of Illness/Injury |
|---|---|-------------|------------------------|
| a. Any hospitalizations or surgeries?             | <input type="checkbox"/> <input type="checkbox"/> | _____       | _____                  |
| b. Any injuries requiring medical attention?      | <input type="checkbox"/> <input type="checkbox"/> | _____       | _____                  |
| c. Any illness lasting more than one week?        | <input type="checkbox"/> <input type="checkbox"/> | _____       | _____                  |
| d. Any seizures, concussions, or unconsciousness? | <input type="checkbox"/> <input type="checkbox"/> | _____       | _____                  |
| e. Been under a doctor's care?                    | <input type="checkbox"/> <input type="checkbox"/> | _____       | _____                  |

2. Does your child:  Wear glasses or contact lenses?  Have dental bridges, plates, retainers/ braces?

3. List all medications presently being taken and what condition the medication is for:

\_\_\_\_\_  
 Emergency Medications Required:  EPI-PEN  INHALER  INSULIN  DIASTAT  OTHER \_\_\_\_\_

***I hereby state that, to the best of my knowledge, my answers to the above questions are correct.***

\_\_\_\_\_  
 Parent/Guardian Signature                      Date

KENNETT MIDDLE SCHOOL CO-CURRICULAR ACTIVITY  
CONSENT AGREEMENT  
AND ACTIVITIES CODE ACKNOWLEDGEMENT

1. I understand and acknowledge there are risks associated with participation in co-curricular activities. I understand and agree that neither Kennett Middle School, nor its coaches, advisors, employees shall be liable for any injury, loss or damage occurred by my son/daughter as a result of participation in any such activity as long as there has been a reasonable standard of care.
2. I understand that participation in co-curricular activities depends on adequate grades and so give my permission for my son's/daughter's coaches/advisors to have access to his/her grades in order to determine eligibility.
3. In case of an emergency, by authorization of my signature below, I hereby allow Kennett Middle School or its designated coach/advisor/trainer/nurse to administer first aid and make arrangements for emergency transportation to a medical facility for emergency treatment.
4. I hereby acknowledge that I have been given a copy of the Kennett Co-curricular Code and I acknowledge that I have carefully read the regulations prescribed herein.
5. I understand that co-curricular activities are a privilege and agree to represent Kennett Middle School in a positive manner at all times. I further understand that any student convicted or has a finding of guilt of illegal activity at any time will have their privilege of any/all participation in co-curricular activities revoked. Any appeals for reconsideration must go through the "ACTIVITIES CODE GRIEVANCE PROCEDURE".

ACTIVITY: \_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
STUDENT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
HOME TELEPHONE

\_\_\_\_\_  
CELL PHONE