

Nashoba Regional School District
Florence Sawyer School
100 Mechanic Street
Bolton, Massachusetts 01740
Permission for Extracurricular Activities

Student Name: _____ Extracurricular Activity: _____

DOB: _____ Grade: _____

Please provide phone numbers where you can be reached during this activity should it be necessary to contact you for any reason.

Mother/Guardian: _____ Home Phone: _____

Work: _____ Cell: _____ Other: _____

Father/Guardian: _____ Home Phone: _____

Work: _____ Cell: _____ Other: _____

Emergency Contact (Local person to be notified in case of emergency, when you are unable to be reached.)

Name: _____ Relationship: _____ Phone: _____

Does your child have a life-threatening allergy? YES NO

If so, to what? _____

Does your child carry his/her own epi-pen? YES NO

Does your child have asthma? YES NO

Does your child carry his/her own asthma inhaler? YES NO

(Permission to carry an epi-pen or inhaler requires that physician permission be on file with the school nurse.)

MEDICAL RELEASE: I grant my child permission to participate in this activity and I grant the Nashoba Regional School District Personnel, the right to obtain emergency medical treatment for my child, _____, during the period of this extracurricular activity. I give permission for ambulance transport to the nearest hospital. Payment for any and all medical treatment is the financial responsibility of the parent/guardian.

Parent/Guardian signature: _____ Date: _____