

Coventry Public Schools  
Intramural Activity Permission Form  
Cup Stacking

6,7,8

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: Capt. Nathan Hale Middle School

Activity Date(s): First Tuesday of each month Activity Time: 2:20-4:00pm

Teacher/Chaperones: Mr. Landry

Activity/Location: Mr. Landry's Room: CNH room 15

Cost: FREE

\*\*\*Student needs: Transportation home at 4:00pm (late buses are running too)\*\*

\*\*\*STUDENT WILL\*: (circle one): 1. RIDE LATE BUS, 2. HAVE RIDE AT 4:00pm, 3. WALK HOME

MEDICAL INFORMATION

Does your child have any of the following conditions: diabetes, seizures, severe food or drug allergy, severe bee stinging allergy, asthma, heart condition, or any other serious medical condition?

YES  NO If YES, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is any medication required during the activity? \*\*\* YES\*\*\*  NO

\*\*\*If YES, The State of CT Medication Regulations for Sports and Extracurricular Activities is attached\*\*\* Please Follow the Required Protocol on the back of this slip.\*\*\*

Family Doctor or Pediatrician: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Phone number (including cell phone or pager) where parent or guardian can be reached during the date and time of the activity: Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number or Pager: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Policy Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

- I will hold harmless the Coventry Board of Education, its agents, members, employees, teachers, school, and school officials for any financial liability or obligation which my child personally incurs, or injury or damage to the person or property of others which my child causes or contributes to while participating in the activity.
- I give permission for my child to receive emergency medical treatment.
- I give permission for my child to be taken to a hospital in case of an emergency.
- I have read the above and the back of this form and grant permission for my child to participate in the above-described experience. I understand the medication requirements described on the reverse side of this form

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(Signature of parent or guardian)

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(Date)

## **State of Connecticut Medication Regulations** **For Sports and \*Extracurricular Activities**

Coaches of interscholastic or intramural sports and supervisors of extracurricular activities **may only administer the following medications:**

- Inhalant medications prescribed to treat respiratory conditions
- Medication administered with a cartridge injector for students with medically diagnosed allergic conditions (epi pen).

Parents/guardians of students requiring these medications must:

1. Inform the school nurse prior to the start of the program. A copy of the physician's medication order on file in the health office can be given to the coach/ program supervisor.

If there is no order on file the parent/guardian will need to obtain one for the student's health record.

2. Supply the medication in its original container to the coach/program supervisor. **This medication will be separate from the medication stored in the health office for use during the school day.**
3. Make arrangements with the coach/program supervisor for any medical needs or possible emergencies that may arise during the activity.

\*Extracurricular activities mean activities sponsored by the Board of Education that occur outside of the school day and are not part of the educational program.\*

\*\*Diabetic students requiring glucagon will need a parent in attendance in order to participate\*\*