

**Our Lady of Good Counsel Catholic School in Accordance
With Centennial School District Policy
Extended Student Activity Medical Authorization**

Student Name _____ Grade/Homeroom _____

Planned Activity: _____ Date of Activity: _____

Dear Parent or Guardian:

In anticipation of your child's upcoming extended student activity, please supply the following information. In compliance with the District drug and alcohol policy, and medication policy, **no student is permitted to carry any form of medication.** Arrangements for transport of medications **essential** to health (insulin, inhalers, anti-seizure medications, epi-pens) should be made with the school nurse. **IF YOUR CHILD WILL NEED ANY MEDICATION DURING THE EXTENDED ACTIVITY, YOU ARE STRONGLY ENCOURAGED TO ACCOMPANY YOUR CHILD.**

Parent or guardian of students requiring daily medication must check one of the following:

_____ I understand that my child will omit his/her daily scheduled medication on the day of the extended activity.

_____ My child may take his/her regularly scheduled medication upon returning to school.

Anticipated time of return: _____

_____ I will accompany my child on the extended activity and will administer his/her medication.

If you have any questions about medication administration during extended student activities, please contact the school nurse.

The following information must be supplied for all students attending this extended activity:

A PARENT OR GUARDIAN CAN BE REACHED AT THE FOLLOWING TELEPHONE NUMBERS ON THE DAY OF THE ACTIVITY:

Home Phone _____ Work Phone – Mother _____ Work Phone – Father _____

Mother Cell Phone: _____ Father Cell Phone: _____

PERSON TO CALL IF A PARENT OR GUARDIAN CANNOT BE REACHED:

Name _____ Phone Number _____

PHYSICIAN: Name _____ Phone Number _____

Any Serious Allergies or Medical Concerns: _____

In case of illness or emergency, I authorize the officials of Our Lady of Good Counsel Catholic School to contact directly the persons named on this form. In event parents, physician, or other named on this form cannot be contacted, the school officials are authorized to take whatever action is deemed necessary for the health of my child.

Date

Signature of Parent or Guardian