



# MARATHON KIDS

Grades K-5 Running Club

Running Calendar (Practices will be 3:30 – 4:30)

Tuesday April 10 <sup>th</sup>	Practice
Tuesday April 17 <sup>th</sup>	Practice
Tuesday April 24 <sup>th</sup>	Practice
Friday April 27 <sup>th</sup>	Practice
Tuesday May 2 <sup>nd</sup>	Practice
Friday May 4 <sup>th</sup>	Practice
Tuesday May 8 <sup>th</sup>	Practice
Friday May 11 <sup>th</sup>	Practice
Tuesday May 15 <sup>th</sup>	Practice
Friday May 18 <sup>th</sup>	Practice
Tuesday May 22 <sup>nd</sup>	Practice
Friday May 25 <sup>th</sup>	Practice



## Permission To Participate In After School Activity - Elementary

After reviewing the information provided regarding this activity, I hereby grant permission to participate for:

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ Teacher \_\_\_\_\_

ACTIVITY/SPORT Marathon Kids Running Club (See Attached Calendar)

START DATE: April 10<sup>th</sup> End Date: May 25<sup>th</sup>

### TO BE COMPLETED BY PARENT

Please list any medical conditions of which school staff should be aware\* (Please read information below)

\* If your student has Asthma, Diabetes or Life Threatening Allergies: Please provide extra emergency medication (Inhaler, EpiPen, Insulin etc.) for use during after-school hours if your child participates in sports or other extra-curricular activities. We are reluctant to remove the emergency medication that is stored in the school health room. If the medication does not get returned, it will not be available during school hours should it be needed. If your child is unable to safely self-carry and administer the medication the sports coach or activity supervisor can carry it. If a **Medication Request Form** is not already on file at the school, you will need to have one completed and returned to your child's school. This form is available at the school or on-line at:

[http://www.mead354.org/uploaded/District\\_Office/Student\\_Services/documents/HS\\_303\\_Medication\\_Request\\_Form.pdf](http://www.mead354.org/uploaded/District_Office/Student_Services/documents/HS_303_Medication_Request_Form.pdf)  
**Please make sure that your student actually has the needed emergency medication if it is self-carried.**

Parent Contact Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

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

I acknowledge that this activity entails inherent risks of bodily injury as well as damage to or loss of property. I hereby release the Mead School District, and its staff and representatives, from liability for such loss or injury as the result of this activity, to the extent allowed by law.

I certify that my child has no known medical or physical conditions which could interfere with his/her safety in this activity. In the event that it becomes necessary for the school district staff in charge to obtain emergency care for my child, I acknowledge that neither the school district or the individual staff member is responsible for the expense incurred as the result of the accident, injury, illness, or other unforeseen circumstance.

I authorize qualified medical and emergency professionals to examine, and in the event of injury or serious illness, administer emergency care to the above named student. I understand that an effort will be made to contact me to explain the nature of the problem prior to any treatment.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

Phone \_\_\_\_\_