

Mother/Guardian	Member's Name		Age	Grade	Birth date/_	/	
Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed Are all immunizations up to date?YesNoIf no, please state reason:	Address	dressPhone					
E-mail Evening phone Cell or pager	City	State	Zip	Email			
E-mail	Mother/Guardian			Day phone			
E-mail	E-mail	Evening phone		_ Cell or pager			
Must have information for emergency contact if parent(s) cannot be reached (please print clearly): Name/ Relationship:	Father/Guardian		Day phone				
Name/ Relationship:	E-mail	Evening phone		Cell or pager			
HEALTH HISTORY – All Information provided will be kept confidential Describe allergies, details of chronic conditions, or health restrictions on additional sheet if needed Are all immunizations up to date? Yes No If no, please state reason: Please provide comments where applicable: Medication being taken Special dietary needs/restrictions: Specific information including physical, psychiatric or behavioral problems: Specific information including physical, psychiatric or behavioral problems: Group # Family physician: Phone: Day Eve Parent Permission Statement I give permission for my child to participate in Builders Club meetings and activities after school. The health history is correct as far as I know, and the person herein described has my permission to engage in a events activities except as noted. EMERGENCY AUTHORIZATION: In the event I cannot be reached in an emergency, I hereby grant permission to the program director to secure proper treatment for my child. Keyser Middle School may use any photo in which my child appears to promote Builders Club and/or KMS. I understand my child will become a registered member through participation in this program.					•		
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Signature Date	_				_		
	Signature				Date		

If you have questions, please contact Stacey McClintock, Sheila Powell, or Dana Bateman, Teachers and Club Advisors, at Keyser Middle School, 879 Harley O. Staggers Sr Drive, Keyser, WV 26726, 304-788-4220.