

**NORTH JUNIOR HIGH SCHOOL --ACTIVITY STATEMENT
(PLEASE PRINT FIRMLY AND CLEARLY)**

ACTIVITY: _____

CELL: _____ WORK _____

STUDENT NAME: _____

WEIGHT: _____ Ht. _____ ALLERGIES: _____

GRADE: _____ AGE: _____ MALE: _____ FEMALE: _____

MEDICATION(S) NOW TAKING: _____

PARENT'S NAME: _____

ADDRESS: _____

OTHER HEALTH COMMENTS: _____

HOME PHONE: _____

IF PARENTS CANNOT BE CONTACTED, CALL:

NAME : _____

PHONE: _____

NAME: _____

PHONE: _____

OFFICE USE ONLY: AMOUNT PAID: _____ DATE: _____ ALL FORMS ON FILE: _____
