



Voluntary Activity Information Permission Form & Emergency Medical Authorization

Event: LCHS Senior Grad Night
Time: May 21, 2018 10:00PM – May 22, 2018 6:00AM

PERMISSION FORM

Please print legibly!

Today's Date:

Name of Student:	Printed Name of Parent/Guardian:
Student ID#:	Parent Mobile Phone #:
Student Mobile Phone#:	Home Phone #:

I understand that my son/daughter may leave the venue only with parent permission. If there is an emergency, I or other contacts as listed below will be called to arrange transportation or pick student up. Anyone leaving the premises for non-emergency reasons will not be allowed to return to the facility.

Name	Relationship to Student	Mobile Phone #	Home Phone #
1.			
2.			

EMERGENCY MEDICAL AUTHORIZATION

Below, please check the emergency action desired in the event of an accident or emergency.

- #1. In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name:	Phone #:
Medical Insurance Carrier:	Policy/ID#:

- #2. I do not choose the above statement and desire the following action: _____

Please list any medical condition of the student: _____

RULES OF AGREEMENT

- Only LCHS graduating students of Class of 2018 may attend.
- LCHS STUDENT ID is required for admittance to the event.
- In accordance with LCHS zero tolerance policy LCHS grads understand that any student caught in possession of or under the influence of drugs or alcohol will not be admitted to the event. **All bags** will be searched by security officers and PTSO volunteer staff prior to entering the event. If discovered at the event, will be referred to law enforcement.
- No Food/beverages (including water) are allowed. Water, drinks, and food are provided at the event.
- For liability reasons, students may NOT drive to nor from the event**
- All students are expected to behave with respect and in accord with standard conduct policies at LCHS.
- Any student not in compliance with these rules will be removed from the event; parents will be contacted and expected to pick up their student.
- The Event ends at 5:30 am and students will board a bus and return to LCHS by 6:00 am.
- Permission is hereby granted to photograph and video the event and utilize in subsequent years for promotional purposes via online and at school meetings.
- I hereby release all chaperones and committee members from any and all claims, causes of action, damages or liability arising from my student's participation in this event.

MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND UNDERSTAND THIS FORM AND THAT THE INFORMATION PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE. My son/daughter has my permission to participate in the activity described above.

Parent Signature:	Student Signature:	Date:
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INTERNAL USE BELOW:

Amount Paid:	Check #:	Date:	Taken by (name):
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This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this activity