

PRIMAVERA PROM 2017 - PERMISSION FORM

NAME

DATE OF BIRTH

HOME PHONE

PARENT DAY PHONE

ADDRESS

CITY

STATE

ZIP CODE

EMERGENCY CONTACT #1 AND PHONE NUMBER

EMERGENCY CONTACT #2 AND PHONE NUMBER

MEDICAL INSURANCE PROVIDER

INSURANCE ID#

STUDENT EVENT ACTIVITY -- IN RECOGNITION OF STUDENTS WHO PRATICIPATED IN STUDENT GOVERNMENT AND OTHER SCHOOL CLUBS, PRIMAVERA IS SPONSORING A SOCIAL EVENT AT: **WINDEMERE HOTEL – 5750 E. Main St, Mesa on SATURDAY, MAY 13TH from 7:00pm – 11:00pm**

DURING THESE HOURS, PRIMAVERA STAFF WILL BE ONSITE SUPERVISING THE ACTIVITY. PLEASE NOTE THAT PRIMAVERA WILL NOT BE THE ONLY GROUP USING THE FACILITY AT THIS TIME. IN ADDITION, PLEASE NOTE THAT BY INITIALING BELOW YOU ARE CHOOSING TO BE RESPONSIBLE FOR PICKING UP YOUR CHILD AT THE CONCLUSION OF THIS ACTIVITY AT 11:00PM OR THAT YOUR CHILD HAS PERMISSION TO REMAIN AT THIS FACILITY AFTER THE PRIMAVERA SPONSORED ACTIVITY HAS CONCLUDED AND PRIMAVERA STAFF WILL NO LONGER BE PRESENT.

PERMISSION FOR STUDENT TO PARTICIPATE IN ACTIVITY (PLEASE CHECK ALL THAT APPLY)

Initial

I give my permission for the Student to participate in this activity.

I will transport the Student to the Activity at 7PM and will arrive at the Activity at 10PM to transport the Student from the Activity

I give my permission for the Student to transport himself/herself in our family's private vehicle to the Activity at 7PM and leave at 10PM.

I give my permission for the Student to transport himself/herself in our family's private vehicle to the Activity at 7PM and remain at the facility after the conclusion of the Activity at 10PM.

RELEASE AND WAIVER LIABILITY

Initial

I agree to release, discharge and hold harmless Primavera Online High School and its employees, officers or agents from all causes, liabilities, damages, claims or demand whatsoever related to any injury or accident involving the Student in connection with the Activity. I understand that I am financially responsible for any medical bills incurred by the Student as a result of the Student's participation in the Activity.

MEDICAL AUTHORIZATION

Initial

I authorize the provision of emergency care and treatment to the Student by Primavera Online High School staff and appropriate medical personnel in the event of any injury, illness, or accident to the Student while participating in the activity.

PERSONAL PHOTOGRAPHY RELEASE

Initial

I am aware that photos may be taken at events and release permission to Primavera Online High School to use the Student's photo for publicity, marketing, or any other way they see fit. I understand that no personal information will be released with these images. If names are listed, volunteers in photos will be recognized by the first name and last initial only unless permission has been granted to be named in full.

GUEST INFORMATION (NON-PRIMAVERA STUDENTS ONLY)

I will be attending this Primavera event with (name of Primavera student) _____

I currently attend another high school (check yes/no): YES NO

Name of high school: _____

RELEVANT MEDICAL INFORMATION

Please list all physical, medical or other conditions or needs which would restrict the Student from participating fully in the activity or of which school personnel or a medical provider should be aware. Include allergies, recurring/chronic illnesses, previous injuries, recent surgeries, etc. Please list all medications currently being taken by the student of which a medical provider should be aware.

By my electronic signature below, I agree to the terms described above, and affirm that the information I provided is true and correct.

ADULT STUDENT/PARENT/GUARDIAN SIGNATURE

PRINT NAME

DATE SIGNED