GUEST APPROVAL FORM

HOMECOMING ____ WINTER FORMAL____ PROM____

DATE OF DANCE _____

NAME OF KIRTLAND STUDENT _____

Guest Information:

NAME _____DATE OF BIRTH_____

STREET ADDRESS_____

CITY_____HOME PHONE_____

PARENT SIGNATURE _____

HIGH SCHOOL/COLLEGE_____

Dear High School or College Administrator:

Please sign and date this form if the above named student is enrolled at your school and is in good standing.

ADMINISTRATOR'S SIGNATURE_____

TITLE _____PHONE_____ DATE_____

Dance Rules:

1. All school rules are in effect, whether the dance is on school property or not.
2. Once a student or guest leaves the dance, they are not allowed to return. No money will be refunded.
3. The police will hold any student or guest who is in possession of alcohol or drugs, or is found to have used said substances before attending the dance, until their parents can pick them up.
4. Students or guests, who do not comply with these rules, or the directives of dance moderators, will be removed from the dance and will be subject to further disciplinary action.
5. No Middle School student or person over the **age of 20** may attend the dance.
6. **Please note: Guests are required to present a Photo I.D. upon admission.**

Complete Part I or Part II of medical information. MUST BE SIGNED.

PART I - TO GRANT CONSENT

I hereby give my consent for the following medical care providers and local hospital to be called:

Doctor _____Phone_____Dentist_____Phone_____

Medical
Specialist_____Phone_____Hospital_____Phone_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the above named Doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of custodial/residential Parent_____

Address_____Phone _____Date_____

DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I

PART II - REFUSAL TO CONSENT

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

_____

Signature of custodial/residential parent_____

Address _____Phone No. _____