

# ASHLAND HIGH SCHOOL GUEST PROM FORM



This form must be completed and **signed by guest school administrator and returned prior** to purchasing tickets.

Guests must be **no older than 20 years old**. No guests below 11<sup>th</sup> grade will be permitted. Students must enter and leave with their guest.

All Guests agree to abide by the following rules:

1. Follow all directions by school administration and chaperones at all times.
2. All school rules are in effect whether the event is on school property or not.
3. You must arrive and leave with your Ashland High School host student.
4. If you leave, there will be no re-entry to the dance or post prom and no money will be refunded.
5. If there is a suspicion of drug or alcohol use, police will be called immediately in addition to parents/guardians.

Name of Ashland High School Student \_\_\_\_\_

**Information on Guest of AHS Student**

Name of Student \_\_\_\_\_

Name of Emergency Contact for Student \_\_\_\_\_

Address of Emergency Contact Person \_\_\_\_\_

Emergency Contact Relationship (Mom/Dad/Grandparent/etc.) \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

School Attending or Grad/Homeschool \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parent/ Legal Guardian signature(Student may sign if a graduate) \_\_\_\_\_

**Guest School Administrator:** I certify that the student listed above is in good standing and has had no disciplinary issues that would compromise safety at a school dance \_\_\_\_\_

Guest School Administrator Signature - (Parent may sign if homeschooled)

**Granting Consent**

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and 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.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

**Refusing 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature