

SENIOR GRADUATION PARTY/ MEDICAL PERMISSION FORM

PLEASE HAVE SIGNED PERMISSION FORM RETURNED BY MAY 31, 2023

Completing this form will give us an idea of how many students are interested and available to attend the 2023 Senior Drug and Alcohol Free Party. This event is **ONLY** for graduates of CCHS (in person and on-line) and Pioneer High School. This event will be held June 9th following the graduation ceremony.

The All-Night Party will be held at Barnes Butte Elementary, 1875 NE Ironhorse Rd., Prineville, OR. All graduates must arrive by 9 p.m. and must be present to win prizes. Once a graduate leaves the party they may not return under any circumstances.

My child (graduate first-last) _____ has permission to attend the Senior All-Night Party.

LAST NAME _____ FIRST NAME _____
BIRTH DATE _____ AGE _____ PHONE _____
PARENT/GAURDIAN NAME _____ **PHONE** _____
OTHER EMERGENCY CONTACT _____ **PHONE** _____
FAMILY DOCTOR _____ **PHONE** _____
ALLERGIES/MEDICATION _____
HEALTH INSURANCE _____ **POLICY#** _____

In case of illness, accident or emergency medical treatment, I authorize CCHS Drug & Alcohol Free Graduation Party Committee member(s) to obtain emergency medical treatment for my child. I agree that I am responsible for paying for said treatment. I release the Crook County School District, Crook County Drug & Alcohol Free Graduation Party committee members, and volunteers liability of any kind associated with the actions taken in good faith by above-mentioned persons in providing emergency medical treatment. I further agree that the above-mentioned persons may seek the nearest available treatment from any physician or medical facility.

My child needs to use the following medications:

All prescription medication must be left with the Parent Volunteer (graduates may keep inhalers with them)

Important health information advisors should know:

By signing this form, I agree that all information provided is correct and my child is covered by the medical insurance stated on this form. I have read, understand and agree with the content.

Parent/Guardian signature: _____ **Date** _____

Please return this permission slip/waiver in any of the following ways.

Bring to the front office at CCHS

Email to dena.marshall@crookcountyschools.org

Mail to CCHS Senior All Night Party, 1100 SE Lynn Blvd., Prineville, OR 97754