

# QUARTZ HILL HIGH SCHOOL OFF CAMPUS GUEST PASS CONTRACT FOR PROM APRIL 2, 2022

**Instructions:**

- Complete all information with signatures. Incomplete student and guest applications will be denied.
- Guests must be high school students (9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup> & 12<sup>th</sup> grade) and individuals who are not in high school must be between 17 and 20 years of age.
- Guests from other schools must be in good standing (good behavior and good attendance).
- An administrator from the guest's high school must sign this request.
- Completion of this form indicates parental permission to attend the event. Complete Emergency Card information on page 2.
- A photocopy of a non-high school guest's current driver's license must be provided with this completed form.
- All students and approved guests must bring a picture ID for admission to the activity.
- Guests are required to wear appropriate attire and appropriate behavior is expected.
- Non-compliance with dress and behavior will result in no admittance and no refund.
- Guest pass must be approved prior to the purchase of tickets.

**Guest Information:**

Guest's Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Guest's High School \_\_\_\_\_

**Guest's Statement – (Photo ID is required to gain admittance to the dance.)**

As a guest at a QHHS activity, I understand that I am under the jurisdiction of the school and must follow all school rules. **I agree to follow COVID guidelines.** Failure to do so may result in my removal from the activity and may jeopardize my sponsoring QHHS student's opportunity to attend future school activities. I acknowledge that I have read the information contained in this year's Prom Packet at [quartzhillhs.org](http://quartzhillhs.org).

\_\_\_\_\_  
Guest's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guest's Parent's Name (Print)

\_\_\_\_\_  
Guest's Parent's Signature

\_\_\_\_\_  
Date

**QHHS Student's Responsibility**

I agree to be responsible for my guest's actions and adherence to QHHS rules while they are attending an activity sponsored by QHHS. The QHHS student's parent must sign below.

\_\_\_\_\_  
QHHS Student's Name (Print)

\_\_\_\_\_  
QHHS Student's Signature

\_\_\_\_\_  
Date

*If QHHS Student's Parent agrees to this guest, please sign below.*

\_\_\_\_\_  
QHHS Parent's Name (Print)

\_\_\_\_\_  
QHHS Parent's Signature

\_\_\_\_\_  
Date

**GUEST AUTHORIZATION  
Complete item I or II below**

**I. High School Student**

The above referenced student is in good standing at their current high school and is recommended as a guest at QHHS's activity.

\_\_\_\_\_  
Administrator's Name from Guest's School (Print)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Administrator's Signature from Guest's School

\_\_\_\_\_  
Date \_\_\_\_\_ Phone \_\_\_\_\_



**II. Non-High School Student** (A photocopy of guest's driver's license must be provided with this completed form.)

\_\_\_\_\_  
Guest's Former High School

\_\_\_\_\_  
Grad. Year

\_\_\_\_\_  
Current College/Employer

**THE DEADLINE TO TURN-IN THIS FORM TO THE ACTIVITIES OFFICE IS March 2, 2022.**

**EMERGENCY INFORMATION**

STUDENT'S LAST NAME (**PRINT**) FIRST NAME (**PRINT**) M.I. M F GRADE

HOME PHONE BIRTHDATE

HOME ADDRESS CITY ZIP

FATHER/GUARDIAN (**PRINT**) CELL PHONE

MOTHER/GUARDIAN (**PRINT**) CELL PHONE

IS YOUR CHILD CURRENTLY UNDER TREATMENT FOR ANY OF THE FOLLOWING?

- DIABETES (MAY INCLUDE INSULIN, GLUCAGONS INJECTION)  ASTHMA (TAKING REGULAR MEDICATION)  
 SEIZURE (TAKING DAILY MEDICATION)  HEART CONDITION  
 EPI-PEN (FOR PREVENTION OF SEVERE ALLERGIES/ANAPHYLAXIS)

IS YOUR CHILD ALLERGIC TO ANY MEDICATION? (PLEASE LIST) \_\_\_\_\_

CALIFORNIA CIVIL CODE SECTION 25.8 AND THE CALIFORNIA EDUCATION CODE 35350, 49408, 49409, AND 49474 PROVIDE FOR THE PROTECTION OF A PUPIL'S HEALTH AND WELFARE. THEY FURTHER AUTHORIZE THE TRANSPORTATION OF STUDENTS IN AN EMERGENCY ARISING FROM ILLNESS OR INJURY, AND THE TREATMENT BY SCHOOL PERSONNEL AND MEDICAL PROFESSIONALS TO PROVIDE REASONABLE TREATMENT WITHOUT THE CONSENT OF GUARDIAN AND WITHOUT LIABILITY.

IF I/WE ARE UNABLE TO BE CONTACTED, ANY OF THE ADULTS LISTED ON THIS CARD ARE PERMITTED TO TAKE MY CHILD FROM SCHOOL/EVENT:

NAME OF ADULT RELATIONSHIP PHONE #

NAME OF ADULT RELATIONSHIP PHONE #

**SIGNATURE** OF FATHER/GUARDIAN DATE

**SIGNATURE** OF MOTHER/GUARDIAN DATE