



STUDENT GUEST FORM - DOUBLE SIDED DOCUMENT

Guest Name: _____ Age*: _____ Phone: _____

Address: _____ City: _____

Parent/ Guardian Name: _____ Phone: _____

Parent/ Guardian Signature: _____

Name of School you attend or last attended: _____

Date's Name (Crestwood Student): _____

***Age - Must be under 21 years of age. Middle schoolers are not permitted.**

<p>If you currently attend high school, have YOUR administrator complete the following:</p> <p>The above named student is enrolled in my school and is a student in good standing.</p> <p>Administrator's Signature: _____</p> <p>Title: _____ Date: _____</p> <p>Phone: _____</p>	<p>If you have graduated high school, complete the following:</p> <p>I understand I must present a Driver's License or College ID at the door:</p> <p>Name of high school attended: _____</p> <p>Year Graduated: _____</p>
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READ THE FOLLOWING CRESTWOOD HIGH DANCE RULES AND SIGN BELOW.

All CHS rules are in effect whether the dance is held on school property or not.

Once a student or guest leaves, they are not permitted to return to the dance. No one will be allowed to go to their car at any time during the evening for any reason.

Students or guests in possession of alcohol or drugs (or those under the influence) will not be permitted to enter the dance.

Students or guests who do not comply with these rules or the directives of the dance supervisors, will be removed from the dance and will be subject to further disciplinary action.

Guest's Signature: _____ Date: _____

CHS Administrator's Signature: _____ Approved? YES NO

Custodial Parent/Guardian Consent for Emergency Medical Treatment

Purpose: To enable parent/guardian to authorize the provision of emergency treatment for children who become ill or injured while under school authority when parent or guardian cannot be reached.

<u>Emergency Contact for CRESTWOOD STUDENT</u> Name: _____ Relationship: _____ Cell or Home #: _____ Preferred Doctor: _____ Doctor Phone: _____ Preferred Dentist: _____ Dentist Phone: _____ Preferred Hospital: _____	<u>Emergency Contact for GUEST</u> Name: _____ Relationship: _____ Cell or Home #: _____ Preferred Doctor: _____ Doctor Phone: _____ Preferred Dentist: _____ Dentist Phone: _____ Preferred Hospital: _____
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To Grant Consent:

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any department deemed necessary by the above mentioned doctor or, in the event the designated practitioner isn't available, by any licensed physician or dentist and, (2) the transit of the child to the preferred hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery, and are obtained prior to the performance of such surgery.

Child's medical history, including allergies, medication being taken, and any physical impairments to which physician should be alerted.

Signature of Parent/Guardian (to grant consent) _____ Date _____

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 the school authorities to take no action or to:

Parent/Guardian (to refuse consent): _____ Date: _____