

# ASHLAND HIGH SCHOOL GUEST DANCE FORM



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

Guests must be **no older than 20 years old**. No guests below 9<sup>th</sup> grade will be permitted. Students must enter and leave with their guest. Students are only permitted to bring one guest.

Students who are homeschooled *and live in the Ashland District* may attend as guests and should fill out the attached form. Home-schooled students must be registered with our Ashland City School District Central Office.

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 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 about the 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 \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Parent/ Legal Guardian signature \_\_\_\_\_

**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 Printed Name

Guest School Administrator Signature

**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.

Guest Parent/Guardian Name

Date

Guest 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:

Guest Parent/Guardian Name

Date

Guest Parent/Guardian Signature