

Olentangy Liberty High School

Dance Permission Slip

Visitors who are not students at Olentangy Liberty High School are permitted to attend LHS dances only as a guest of one of our students. The guest must be in ninth grade or older, and under 21 years of age. If the guest is no longer in high school, the form MUST be approved by a LHS administrator. Each LHS student may bring only one guest. In order for the visitors to attend a dance at LHS he or she must agree to the following:

- Follow all of the expectations found in the Liberty High School Student Code of Conduct.
- Arrive at the dance with the LHS student. You may not arrive separately.
- Arrive at the dance in appropriate attire (for Homecoming dances, attire is semi-formal; for Prom, the attire is formal).
- Display appropriate behavior while at the dance and while on school grounds.
- Complete and turn in this permission slip and the emergency medical form on the reverse side.

I understand and agree to abide by the above stipulations in order to be admitted as a guest at Liberty High School.

Student Guest Name (Please Print) _____

Student Guest Signature _____

Guest's Parent Signature _____

Guest's School Name _____

Guest's School Phone Number _____

Guest's School Principal Name _____

Guest's School Principal Signature _____

(Principal's signature acknowledges that student is in good standing at his/her high school)

LHS Administrator Signature (only needed for students no longer in high school)

LHS Student Name (Please Print) _____

LHS Student Signature _____

LHS Parent Signature _____

**OLENTANGY LOCAL SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION FORM**

Student Name: _____ Birth Date: _____ Grade: _____
 Address: _____ Student lives with: _____
 City/Zip Code: _____ Home Phone Number: _____

PARENT/GUARDIAN(S) AND EMERGENCY CONTACTS

Call Order:	Relationship:	Name:	Day Phone:	Home Phone:	Cell Phone:	Can Pick Up:

Please indicate if your child has any of the following:

- 1) Allergies (please list): _____
- 2) Medications* (please list): _____
- 3) Inhalers* (please list): _____
- 4) Other medical concerns or conditions to which medical personnel should be alerted? _____

* Use and/or possession of any medications, whether prescribed or not, requires the appropriate documentation to be completed and on file with the school.

PART I OR PART II MUST BE COMPLETED

PART I: TO GRANT CONSENT I hereby give consent for the following medical care providers and local hospital to be called:

	<u>Office Phone:</u>	<u>Address (Preschool only):</u>
Physician: _____	_____	_____
Dentist: _____	_____	_____
Medical Specialist: _____	_____	_____
Local Hospital: _____	_____	_____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by the appropriate medical professional; and (2) 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.

Signature of Parent/Guardian for Grant to Consent _____ Date _____

PART II: REFUSAL TO CONSENT

I do NOT give 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:

Signature of Parent/Guardian for Refusal to Consent _____ Date _____