

**Kentridge PTSA Senior Night Party
Parent Permission Form**

**This form will allow your student to
choose his/her bus assignment and to receive a ticket in May**

Date of Event: June 12th, 2010

Office use:

Receipt paid: _____

Date: _____

Ticket # _____

Bus # _____

Parents Permission for Student to Attend Senior Night Party

_____ has my permission to attend the Kentridge High School
(Name of student)

Senior Night Party on June 12, 2010. Check in begins in the Kentridge High School main gym at 9:30pm, buses depart promptly at 10:30pm, returning to school the next morning at approximately 6:00am. Should any student become unruly during the event, he/she will be expected to remain under personal chaperone supervision until his/her parent(s)/guardian(s) arrives to take the student home.

I agree that the senior party committee, acting on my behalf of the senior class, shall not be responsible in any way for any mishap or accident that may happen to my son or daughter during the date and hours above. I further agree to reimburse the committee for any expenses incurred as a result of damage caused by my son/daughter.

Parent or Guardian signature _____ Date _____

Consent To Medical Care And Treatment

I, _____, parent/guardian of _____, have entrusted named student
(Name of parent) please print (Name of student) please print

into the care of the senior class party committee for the purpose of taking part in the **Kentridge HS Senior Night Party 2010** from **9:30pm – 6:00am June 12-13, 2010**. During this period, I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician of said student.

I further authorize the committee members and chaperones to arrange for and hire an ambulance or other emergency vehicle to transport said student to such a place where medical care is provided. I understand that the arrangements are to be made at my expense.

___ Check here if special medical conditions exists that might necessitate special care AND describe below.

Parent /Guardian Signature _____ Date: _____ Phone: _____

Alternate phone: _____

E-mail Address: _____

Emergency Contact: _____ Phone: _____

PTSA EVENT – ALL SCHOOL RULES APPLY