

Project Prevention/Graduation 2009 All-Night Party Consent and Medical Release Form

Grad Party begins immediately following the graduation ceremony

**Students initial all 3 lines and parents must sign and
return this form to the office in order to attend**

(PLEASE PRINT)

Senior's name _____

Phone # where parent can be reached during the event _____

Emergency name & phone number (in case parent can't be reached):

Please initial your agreement:

____ I would like to attend the Project Graduation Party. I understand and agree that this is a drug and alcohol free event. I promise not to use drugs or alcohol at this event.

____ I also understand that I will remain at the Project Prevention Graduation Party until the conclusion of the celebration at 5:00am the next morning.

____ I will arrange to be picked-up and will not drive home. (THE STUDENTS ARE NOT TO BRING A CAR TO GRADUATION FOR TWO REASONS: The parking lot for the Graduation ceremony will only allow for one car per family and, by not having a car. The students will not have the ability to leave the premises and will be ensured a safe ride home if someone from your household picks them up after a SLEEPLESS fun night.

Parent Signature _____ Date _____

I hereby grant permission for DMHS Project Graduation to obtain emergency medical assistance in case of an accident or injury to my son/daughter. I also give permission for my son/daughter to receive, if they choose to, a massage from a licensed therapist during the course of the night.

Parent Signature _____

If you child has a medical condition or any other conditions, please list: _____
