

# OLENTANGY HIGH SCHOOL

## Dance Permission Slip

Visitors who are not students at Olentangy High School are permitted to attend OHS dances only as the guest of one of our students. The guest must be in 9<sup>th</sup> grade or older, and under 21 years of age. If the guest is no longer in high school, the form **must** be approved by an OHS administrator. Each OHS student may bring only one guest. In order for the visitors to attend a dance at OHS, he or she must agree to the following:

- Follow all of the Olentangy High School Code of Conduct expectations. (It is the responsibility of your host to make you aware of those expectations).
- Arrive at the dance with the OHS student. You may not arrive separately. You must also leave with the OHS student.
- Arrive at the dance in appropriate attire (for Homecoming dances, attire is semi-formal; for prom, the attire is formal; other dances to be determined).
- Display appropriate behavior while at the dance and while on school property.
- Complete and turn in this permission slip and the emergency medical form on the reverse side.

I understand and agree to abide with the above stipulations in order to be admitted as a guest at Olentangy 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)**

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

\_\_\_\_\_

OHS Student Name (Please Print) \_\_\_\_\_

OHS Student Signature: \_\_\_\_\_

OHS 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

<b>PART I: TO GRANT CONSENT</b>	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: _____	_____	_____
<p>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.</p>		
Signature of Parent/Guardian for Grant to Consent _____		Date _____

<b>PART II: REFUSAL TO CONSENT</b>
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 _____