

## 2018 GradNite Parent & Student Agreement

LAST Name INITIAL

Student's Name (printed) \_\_\_\_\_

Student Address: \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Parent's Emergency Phone Number: \_\_\_\_\_

Alternate Contact in case of Emergency (name, relation to student and phone: \_\_\_\_\_

I, the parent/guardian give for the student listed above, give my permission to participate in 2018 PHS GradNite ("GradNite") at Pomperaug High School. I understand that GradNite arrival time is between 10:30 p.m. and 12:00 midnight on the night of graduation, June 22, 2018. I understand GradNite will continue until 5:30 a.m. on June 23, 2018. I understand that if my graduate does not arrive by midnight he/she will not be allowed to enter. I understand that if my graduate does not arrive by midnight or chooses to leave prior to 5:30 a.m., I will be notified by phone.

I agree that my child will abide by all rules and regulations reasonably adopted in connection with GradNite. I understand that the failure of my child to observe these rules and regulations may result in my child being refused entrance to GradNite or being ejected from GradNite.

I agree to waive any and all claims of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify and hold Region 15, Pomperaug High School, GradNite, and of their respective board members, employees, consultants, officers, directors, volunteers and representatives harmless from and against any and all liability arising out of or relating to my child's participation in GradNite.

I further understand that GradNite assumes no liability for lost, misplaced stolen and/or damaged property and I hereby agree to waive any and all claims related thereto and release GradNite and its board members, consultants, officers, directors, volunteers and representatives harmless from from any liability in connection therewith.

I/We also give our permission for GradNite to use the likeness of our child in photographs or promotions related to GradNite.

**Parent/guardian name (printed)** \_\_\_\_\_

**Parent/guardian name (signature)** \_\_\_\_\_

**I, \_\_\_\_\_, am under 21 years of age, and I agree to the terms of this Release Form as completed and signed by my parent/guardian:**

**Student Signature (if student is under 21):** \_\_\_\_\_

*For safety reasons, we STRONGLY encourage you to drop off and pick up your graduate.*

*Pick up time is 5:30 a.m.*

***This form must be dropped off in the PHS Main Office until Thursday June 21 NOON after that must be returned the NIGHT OF GRADNITE.***

# 2018 GradNite Parent Medical Information and Release Form

LAST Name INITIAL

Student's Name (printed) \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

Parent's Emergency Phone Number: \_\_\_\_\_

Alternate Contact in case of Emergency (name, relation to student and phone: \_\_\_\_\_  
\_\_\_\_\_

**I hereby authorize the provision of emergency medical treatment for my child. I further authorize the transportation of my child to a hospital or medical facility in the case of medical emergency. I authorize any representative(s) of 20187 GradNite to act in my behalf for the purpose of obtaining such emergency medical treatment for my child.**

Yes \_\_\_\_\_ No \_\_\_\_\_ Initial \_\_\_\_\_

In case of an emergency, which hospital do you prefer? \_\_\_\_\_

My child is covered by an accident/health insurance policy? Yes \_\_\_\_\_ No \_\_\_\_\_

Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child wear contact lenses: Yes \_\_\_\_ No \_\_\_\_

Please list any and all allergies, special medical conditions, past surgeries or other health problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LATEX Allergy: Yes \_\_\_\_\_ No \_\_\_\_\_

Medications allergies: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list medication and reactions \_\_\_\_\_

Food Allergy(s): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list foods and reactions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medicines your child takes on a regular basis, including dosage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/guardian name (printed)** \_\_\_\_\_

**Parent/guardian name (signature)** \_\_\_\_\_

**I, \_\_\_\_\_, am under 21 years of age, and I agree to the terms of this Medical Information and Release Form as completed and signed by my parent/guardian:**

**Student Signature (if student is over 21):** \_\_\_\_\_

**This form must be dropped off in the PHS Main Office until Thursday June 21 NOON after that must be returned the NIGHT OF GRADNITE.  
Contact Marilyn Maughan at [phsgradnite@yahoo.com](mailto:phsgradnite@yahoo.com) with any questions or concerns.**