

IMPORTANT – This section MUST be signed by Parent/guardian

I, (Parent/guardian) _____, give permission for (student's name) _____, to attend Project Graduation. I understand that this is a drug-free, alcohol-free event, and that possession of either substance will result in the removal and possible arrest of my child. If it is necessary to pickup my child for reason of illness or other serious conditions, I understand that only a parent or guardian will be permitted to pick up. I also understand that I must arrange for transportation for my child at the high school upon return from Project Graduation. I hereby release and indemnify any and all Project Graduation Representatives/Chaperones from any and all liability.

I have read and understand the rules of Project Graduation set forth above.

Parent Signature _____ Date _____
Relation to graduate: Circle one: Parent / Guardian

Student Signature _____ Date _____

Please note any health problems that your child may have:

Allergies (include food allergies):

Is he/she on currently taking any medication(s)? Yes / No

If yes, please list the medication(s) and dosage _____

Will he/she need to take this medication while attending Project Graduation? Yes / No

Can he/she be responsible for self-medication? Yes / No*

(If no, arrangements will need to be made prior to Project Graduation for the administration of the medication to a student. All medication needs to be labeled with student's name and the dosage of the medication.)

I give permission to transport my son/daughter to the nearest emergency room in the event of a medical emergency.

Signed: _____ Date: _____

Cell Phone (in case of Emergency) _____ Email _____