**2016 DRHS Post Prom Event Permission Form**

Please return this completed form to the high school office **NO LATER THAN April 8th ( March 25th for early registration)**. We must have the form and $25 fee at the time your child registers to attend the post prom event. *(All non-DRHS dates must also have a permission form signed by their parent or guardian to attend Post Prom.)*

**STUDENT PERMISSION:**

I give my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to attend the post prom event on April 16, 2016. It is expressly understood that in the event my son/daughter is involved in any inappropriate activity, the chaperones have my permission to intervene to restrict those behaviors. In that event I will be contacted. I understand that if my student has not checked in at post prom by 1:00am, I will be contacted at the phone number below.

**MEDICAL RELEASE:**

I give my permission for my son/daughter, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to receive emergency medical treatment at the discretion of the DRHS Post Prom chaperones. I understand that I will be notified as soon as possible of any emergency medical condition that should arise.

Please indicate if your child has any specific medical issues that the chaperones should be made aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian signature) \_\_\_\_\_\_\_\_\_\_\_\_ (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent/guardian printed name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student printed name)

\_\_\_\_\_\_\_\_\_\_ ( grade level / only if DRHS student)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of DRHS escort / only if not a current DRHS Student)

 **Phone number you (parent) can be reached at on the night of Prom, April 16th**

(\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_