

## Dartmouth Middle School Dance Permission Slip & Ticket

**This is your ticket for the dance. You must have it in order to get into the dance. Students without a ticket will not be allowed in. Students on the Exclusion List and/or ISS will not be eligible to attend.**

### PAJAMA DANCE PARTY

**Date:** Thursday, December 18, 2014

**Time:** 2:30 PM – 4:30 PM

**Place:** Dartmouth Multi-Purpose Room

**Cost:** \$5.00

\_\_\_\_\_ has my permission to attend the Dartmouth Middle School Dance.

**(Student's Name)**

Students will be expected to attend the dance at 2:30 and they must check into the dance by 2:45 or they will not be allowed in. Any student needing to leave early will need a note from their parent/guardian stating what time the student needs to leave. The parent/guardian will need to be present to pick up the student. This note must be turned into the ASB office prior to the beginning of the dance. All students must be picked up promptly. If a student is not picked up by 4:30 PM and the parent/guardian cannot be contacted, the student will be taken to the Hemet Police Department, and be excluded from the next dance. Students must abide by all school rules. Failure to comply will result in a parent phone call to pick up the student from the dance, and a discipline consequence will be imposed.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Phone #**

\_\_\_\_\_  
**Date**

**I will follow all school rules and regulations while at the dance and understand that disciplinary consequences will follow if I do not.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

He/She is in good physical condition. Should he/she become ill or injured during this trip or activity, \_\_\_\_\_ may receive necessary first aid.

(Full name of student)

1. He/She **DOES – DOES NOT** (circle one) need medications (prescribed or over the counter) to be given during the hours of this field trip. Pursuant to California Educational Code # 49423, all students requiring medications are required to have a written doctor's order and written permission from the parent/guardian.
2. He/She **MAY – MAY NOT** (circle one) receive medical attention by a duly licensed physician.
3. He/She **MAY – MAY NOT** (circle one) be admitted to a hospital in case of emergency. I will not hold liable the Hemet Unified School District employees for medical aid rendered and will reimburse the Hemet Unified School District for medical or other expenses incurred in his authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the event and time period specified. In accordance with Education Code Section 35330.1, the parent/guardian, hereby waives all claims against the district or the State of California for illness, or death occurring during or by reason of this field trip.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Phone** (where parent can be reached during event)

**EMERGENCY MEDICAL INFORMATION:**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City