## Dartmouth Middle School Dance Permission Slip & Ticket

This Permission Slip is required to be turned in to the ASB Student Store by 11/1/22. <u>After the permission slip is turned in, you may purchase a ticket to the dance.</u> All tickets must be purchased by 11/2/22. Students without a ticket and Student ID will not be allowed in the dance. Students on the Exclusion list and/or ISS will not be eligible to attend. <u>No refunds will be given.</u>

"RED OUT Themed" 6th, 7th and 8th Grade Dance. Wear all RED in support of Red Ribbon Week.

Date: Thursday, November 3rd, 2022

Time: 4:00 PM – 6:00 PM

Place: Dartmouth MPR

Cost: \$7.00 until 10/27/22. On 10/28/22 tickets cost goes up to \$10.00

has my permission to attend the Dartmouth Middle School Dance.

Phone #

Date:

## (Student's Name)

Students will be expected to attend the dance at 4:00 and they must check into the dance by 4:10 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 6:10 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

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

Student Signature

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 parent permission.

Authorized to Treat Minor: In the event that I cannot be reached in an emergency, I hereby permit to call 911 and/or to contact a medical facility or physician selected by the School to provide proper treatment to and that I will be responsible for all expenses arising in association with such treatment.

Date:

3. I will not hold liable the Hemet Unified School District, its officers or employees for medical aid rendered and will reimburse the Hemet Unified School District for medical or other expenses incurred in his/her care. This 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 above. In accordance with Education Code Section 35330 I, the parent/guardian, hereby waive all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of this field trip.

4. Indemnity and Waiver of Claim: I, the undersigned, the Parent /Lawful Guardian of \_\_\_\_\_\_(student name), hereby acknowledge that as a condition of the Student participating in the activity, agree to indemnify and hold harmless the School, its employees and volunteers, the Hemet Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity.

Signature of Parent/Guardian		Date	Or Or Phone (where parent can be reached during field trip)		
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EMERGENCY MEDICAL INFORMAT	<u>ION</u> :				
Doctor:	Phone:				
			Street Address	City Zip	Code
Student Allergic to:					
Tetanus Shot in last 6 months?	Yes	No			

NOTE: Should you wish to purchase student accident, medical and hospitalization insurance, please contact your school office.