

SIMSBURY HIGH SCHOOL

Guest Permission Slip

(Guests are only allowed to attend certain school events. Please see appropriate house principal before inviting a guest.)
Please fax or mail completed form to Simsbury High School, 34 Farms Village Road, Simsbury, CT 06070 fax: 860-658-2439.

Event: _____

Time: _____

Date: _____

Simsbury High School Student:

Name: _____ Grade: 9 10 11 12

Parent/Guardian: _____ Phone number during event: _____

Guest Student:

Name: _____ Grade: _____ Age: _____

Parent/Guardian: _____ Phone number during event: _____

School Name: _____ School Phone number: _____

Parent/Guardian: _____ Phone number during event: _____

Medical Treatment – Personal Property Waiver

- *If your child has any health condition that requires significant modifications, please contact the school nurse.*
- *Please be advised there may be no nurse/medical personnel on site.*

The chaperones should be aware that my child has the following medical conditions and/or is taking medications.

Allergic to (bee stings, shellfish, nuts, medication, etc.): _____

Medical Condition(s): Diabetic Seizure Disorder Other medical problems: _____

Medications: _____

I/We authorize the student advisor/chaperone to act in the best interests of my/our child in the event of a medical emergency when the parent/guardian(s) cannot be reached. I give my permission for the use of any form of medical treatment deemed necessary by attending nurses and physicians and also authorize transport of my child by either private vehicle or ambulance in order to facilitate necessary treatment. I/We bear sole responsibility for damage or loss to personally owned student property and absolve the Simsbury Public School system and the Board of Education of any responsibility in this regard.

Parent/Guardian Relationship Date

Parent/Guardian Relationship Date

Medical Insurance Company: _____ Group Number: _____

Name of Policy Holder: _____ ID/Policy Number: _____

Insurance Company Address: _____

Guest Student's School Administration:

I am a high school graduate.

_____ is a student at _____ High School and has no disciplinary infractions or other issues that would impede his/her participation in this event.

Print Name: School Administrator

Signature: School Administrator and Title