

# 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