

# Jesuit Grad Night Class of 2012

## Emergency Medical Release

PLEASE RETURN WITH THE POLICY STATEMENT, RELEASE OF LIABILITY, RESERVATION CARD, and CHECK PAYABLE TO JESUIT GRAD NIGHT

By MAY 1<sup>st</sup> 2012

ATTACH HERE: PHOTOCOPY OF  
OFFICIAL HIGH SCHOOL SENIOR  
STUDENT BODY ID CARD  
CURRENT SCHOOL YEAR ONLY

ATTACH HERE- PHOTOCOPY OF  
MEDICAL INSURANCE CARD

Please Print Legibly

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Holder: \_\_\_\_\_ Group No.: \_\_\_\_\_

List any medications needs at Grad Night (for conditions; i.e., asthma, diabetes, allergies): \_\_\_\_\_

In Case of Emergency Contact:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be contacted in an emergency, I give permission to the Jesuit Grad Night Committee to obtain emergency medical or dental care for my child: please check one:  YES  NO .

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Early Pickup Request

I have a critical need to pick up my child before the Grad Night Party ends. I understand that only I, as a parent or guardian, may pick up my child. I understand that there will be no readmission to the Grad Night Party.

I will pick my child up at: \_\_\_\_\_ (must be between 10 PM and 4 AM)