

Jesuit Grad Night Class of 2013

Emergency Medical Release

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

By MAY 1st 2013

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)