

**West Seattle High School PTSA - 2008 Senior Graduation Night Party
MEDICAL RELEASE/PERMISSION FORM**

Medical Release/Consent to Medical Care

I, (print parent/guardian name) _____ authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for _____ (print student name) if I cannot be reached in the case of any emergency.

Parent/Guardian signature Phone Date

Medical Information

Student Name _____ Birth Date _____
Address _____ Zip _____ Phone _____
Emergency Contact (not parent) _____ Phone _____
Doctor Name _____ Phone _____
Current Medications _____
Chronic Illnesses/Allergies _____
Date of last tetanus injection _____
Insurance Company _____ Policy Number _____

Permission to Attend

I give my permission for _____ to attend the 2008 Senior Graduation Night Party on Thursday, June 12th and Friday, June 13th, 2008. I understand that any conduct unbecoming to a graduate of West Seattle High School will result in immediate removal from the bus or facility. If this should occur, parents will be called to pick up their son/daughter. No refunds will be given under these circumstances.

I (we) understand that the 2008 Senior Graduation Night Party is not a school-sponsored event and the School District assumes no legal liability associated with the event. I (we) agree to abide by the rules and directions established by the 2008 Senior Graduation Night Party Committee and the West Seattle High School PTSA. I (we) hereby assume all risks associated with attendance and participation at the event. I (we) agree to hold the School District, each member of the 2008 Senior Graduation Night Party Committee and the West Seattle High School PTSA harmless from any and all liability or claims of any nature, which may arise in connection with the event.

Student signature Parent/Guardian signature Date

Please return this form to WSHS main office or mail to:
WSHS PTSA
2008 Senior Graduation Night Party
3000 California Ave SW
Seattle, WA 98116