

PARACLETE HIGH SCHOOL  
HOMECOMING  
@ GODDE GYM  
8pm – 11pm  
**GUEST PASS**

**Attention: Paraclete High School**  
42145 N. 30<sup>th</sup> Street West  
Lancaster, California 93536  
(661) 943-3255 Fax: (661) 722-9455

This form must be  
returned to **DEANS'**  
**OFFICE**  
**NO LATER THAN**  
**Oct. 2**

**\*\*ALL OF PAGES OF THIS FORM MUST BE COMPLETED \*\***

Paraclete students, who would like to invite someone from outside the school student body as their date to a Paraclete event, must have an approved guest pass for **EACH** event. **ONE** guest pass is permitted per student will be approved. The date of the Paraclete student must be attending high school and/or be under 21 years of age. **PICTURE IDENTIFICATION WILL BE REQUIRED FOR ADMITTANCE.** The date of the Paraclete student will conform to the dress code regulations and all school policies set forth in the Parent/Student Handbook. Bids for formal dances may not be purchased without an approved guest pass.

**PLEASE PRINT LEGIBLY!**

<b>GUEST INFORMATION:</b>		<b>PARACLETE STUDENT:</b>
Name:		Name:
Date of Birth:	Age:	Graduation Year:
School Attending:		Please read and sign the following:
I agree to comply with the dress code regulations and school policies set forth in the Parent/Student Handbook. I understand I will need to present picture identification <i>with date of birth</i> for admittance.		I take personal responsibility for my guest's actions, whether it applies to behavior or dress code. I understand I could face disciplinary action (which may include suspension or expulsion) should violations occur.
Guest's Signature: _____		Student Signature _____ Parent Signature _____

**GUEST DISCIPLINARY CLEARANCE**

Student has not been referred to a dean/vice principal for serious misconduct within the last six months. Dated this \_\_\_\_\_, 2017.

\_\_\_\_\_  
Administrator signature

**MUST BE STAMPED WITH SCHOOL STAMP OR AFFIX BUSINESS CARD**

**Guests age 18 and older:** please provide emergency contacts and your telephone number; parent signatures appreciated but not required.

## AUTHORIZATION OF CONSENT TO TREAT A MINOR (GUEST)

We/I, the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize the designated school official or nearest relative/friend, as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforesaid mentioned physician in the exercise of his best judgment may deem advisable; and neither said agent or any organization involved assumes any financial responsibility for exercising this action.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until revoked in writing.

Special Medical Information \_\_\_\_\_

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### GUEST'S EMERGENCY CONTACTS

Name of Relative/Friend	Address	City	Phone
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Name of Relative/Friend	Address	City	Phone
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Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Insurance, address and phone: \_\_\_\_\_

### GUEST INFORMATION

Mother's Signature \_\_\_\_\_ Father's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Printed Name \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Witness \_\_\_\_\_

Family Address \_\_\_\_\_ City \_\_\_\_\_

Phone

Numbers: Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Cell \_\_\_\_\_

**Guests age 18 and older:** please provide emergency contacts and your telephone number; parent signatures appreciated but not required.