

PARACLETE HIGH SCHOOL
Winter Ball
Knights of Columbus Hall
February 8, 2019 8-11pm
GUEST PASS

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

This form must be
 returned to
 Mrs. Johnston
NO LATER THAN
 February 1, 2019

****THIS FORM MUST BE COMPLETED ON BOTH THE FRONT AND THE BACK****

Paraclete students, who would like to invite someone from outside the school student body to a Paraclete event, must have an approved guest pass for EACH event. ONE guest pass is permitted per student and no same sex guest passes will be approved. Guests must be attending high school and/or be under 21 years of age. **PICTURE IDENTIFICATION WILL BE REQUIRED FOR ADMITTANCE.** Guests 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!

GUEST INFORMATION:		PARACLETE STUDENT:
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 with date of birth 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 _____, 2019.

Administrator signature- also, please stamp with school stamp or affix business card in the space below.

Guests age 18 and older: If you are still in high school, parent signatures are REQUIRED! If you are not a high school student, 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 _____

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 _____

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