



## Skutt Catholic High School - Post Prom Permission Form

**Teacher/Coach/Sponsor Instructions:** Please complete the top portion of this form before distributing to students.

<b>Student Name:</b> _____	<b>Supervised By: Skutt Catholic Administration and Post Prom Committee</b>
<b>Activity: Post Prom</b>	
<b>Event Start Date: April 25, 2020</b>	<b>Event Start Time: 11:30 p.m.</b>
<b>Event End Date: April 25, 2020</b>	<b>Event End Time: 3 a.m.</b>
<b>Method of Transportation: None Provided</b>	

The undersigned agrees to abide by the rules and regulations outlined in the Skutt Catholic Student Handbook while participating in the activity listed above:

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**Parent/Guardian Instructions:** Please complete the bottom portion of this form and return to the activity supervisor.

I hereby consent to participation by my child, \_\_\_\_\_, in this school-sponsored event taking place at Skutt Catholic High School.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Skutt Catholic High School, its officers, directors and agents, and the Archdiocese of Omaha, chaperones, or representatives associated with the event, from any illness, injury, or cost of medical treatment, arising from or in connection with my child attending the event described above, that is not the result of intentional neglect or willful or wanton misconduct by the school, its agents, representatives or employees.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility or the health of my child. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

### Emergency Contact Information (In the event a parent/guardian cannot be reached)

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

Relationship: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_