

Black River Public School Dance Visitor Registration Parental Consent and Medical Release Form

Students who attend a dance sponsored by Black River Public School must be currently enrolled and in good academic standing. BRPS students may bring a guest that is not associated with Black River to a school dance. Below is a list of guidelines students must follow. **Failure to comply will result in denial of entrance into the dance.** Please contact John K. Donnelly, Dean of Students, at (616) 355-0055, ext. 119 if you have concerns or questions.

Guidelines:

- Only one visitor per student is allowed. Visitors must be 20 years of age or younger.
- Your parent or legal guardian must sign this form regardless of your age.
- Your guest must have the form completed and signed by their parent or legal guardian. If your guest is 18, they do not need a parent or legal guardian signature.
- Your completed form must be returned to the main office or to John K. Donnelly, Dean of Students, by the date stated in CAP announcements made the week of the dance. Late forms will not be accepted.
- Your guest must have a picture ID to enter the dance.
- Your guest must be in good standing at their school.
- Your guest must abide by all Black River Public School behavior expectations and school dance rules.

BRPS Student Information

Student Name: _____ Student Grade: _____

Student Signature: _____

Parent/Legal Guardian Signature: _____ Cell Phone: _____

Visitor Information

Guest Name: _____ Guest Age: _____ D.O.B. _____

Address: _____ City: _____ State: _____

School: _____ or (check) My guest is no longer in school

Emergency Contact Name(s): _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Medical Information/Allergies: _____

I understand in order to participate in a dance sponsored by Black River Public School, my child (or I, if 18 and over) the guest of _____ (BRPS student), will enter with a paid ticket, abide by BRPS behavior standards, and be dropped off and picked up in a timely manner.

Furthermore, I authorize an adult chaperone of BRPS to give my child (or me, if 18 and over) medical attention if required, including x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, under the supervision of a licensed medical physician, dentist or medical staff of a licensed hospital or medical facility. The undersigned agrees to pay all costs and expenses incurred in connection to the emergency treatment.

Parent/Guardian or Guest, if 18 and over, Signature: _____ Date: _____