



Fairborn High School
 900 East Dayton Yellow Springs Road
 Fairborn, OH 45324 937-879-3611

FOR OFFICE USE ONLY

Denied _____ Approved _____

Ticket # _____ : Pg# _____ Line # _____

Out-of-District Guest Request Form

Prom on May 11, 2024 at the Dayton Masonic Temple

STRICT REQUEST FORM DUE DATE: Wednesday, April 24, 2024

FHS students attending GCCC do not need this form unless they are requesting to bring a guest from another district. Fairborn Digital Academy (FDA) students are not enrolled at FHS, and thus can only attend as a guest of a current FHS student. **FHS Students bringing an out-of-district guest must purchase a "couples" ticket, and it must be purchased AFTER this request is approved.**

FHS Student Full Name (please print)			
Student ID	Age	Currently Attending (circle one): FHS GCCC CCP	Grade (circle one) 9 10 11 12
FHS Student Signature, agreeing to the requirements listed below.			Date
FHS Parent/Guardian Full Name (please print)			Best Contact #
FHS Parent/Guardian Signature, agreeing to the requirements listed below.			Date

I agree to the following:

1. The FHS student's online OneView account must have been updated for the current school year.
2. The out-of-district guest must be in grade 9 or older and may not be over the age of 20.
3. A copy of the guest's photo identification (with date of birth) MUST be attached to this request, AND the guest must present the photo ID at the ticket table in order to be permitted into the dance.
4. It is the student's responsibility to submit the fully completed request forms by the deadlines; FHS will not send or receive faxes, emails, or phone calls to obtain information for students.
5. All tickets must be purchased in advance at the Finance Office by the published deadline. There are no ticket sales at the door.
6. Only one guest per FHS student permitted.
7. The FHS student will assume full responsibility for the behavior of the guest, complying with all school rules. The FHS student and guest will leave together should one of them be asked to leave. The guest understands that the FHS administration may contact parents and/or the guest's school should a need arise. Dance behavior expectations: no inappropriate touching, groping, bending over or straddling legs, grinding, or overt/prolonged displays of affection.
8. No Reentry: Students who leave the event building will not be permitted to reenter.

I understand that the administration may deny my request and/or refuse us entry to the dance if circumstances warrant. I also understand that failure to comply with the above guidelines will result in my being denied this privilege in the future. I understand the Fairborn High School staff and administration may take any action necessary to maintain orderly conduct at this function.

GUEST Full Name (please print)		Grade (circle one) 9 10 11 12
GUEST Signature, agreeing to the requirements listed above.		Date
GUEST: The Emergency Medical information on the back of this form <u>MUST</u> be completed in order for you to attend this event.	Currently Attending (circle one): High College Work School	Name of High School/College/Employer:

By affixing my signature and contact number, I verify that this student is in good standing and/or that I do not have reservations about him/her attending this Fairborn High School event.	Date
	Phone #
<p>_____ <i>Principal's Signature and Title from Guest's High School</i> <i>If guest does not attend high school, then Guest's Parent or FHS Student's Parent must sign here</i></p>	

FULL NAME OF DANCE GUEST:

(Please print)

First

Last

EMERGENCY MEDICAL AUTHORIZATION FORM

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for their children who become ill or injured while under school authority, when parents cannot be reached. This information will be shared, as necessary, with teachers, chaperones, administrative staff, healthcare staff including school nurses, athletic trainers, clinic assistants, and/or emergency first responders, as well as other school personnel.

Home Phone: _____ Date of Birth: _____

Address: _____

City _____ State _____ Zip _____

Residential Parent/Guardian:

Mother's Name _____ Best Phone # to Call _____

Father's Name _____ Best Phone # to Call _____

Other Emergency Contacts:

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

STUDENT HEALTH SECTION MUST BE COMPLETED (check all that apply)

- No medical conditions
- No allergies
- Taking no medication
- Medication Allergy: _____
- Allergic to: _____
- On Medications: _____

List Medical Conditions:

Additional Treatment Information:

CONSENT STATEMENT (Part 1 -OR- Part 2) MUST BE COMPLETED

Part 1: TO GRANT CONSENT

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any emergency medical treatment deemed necessary by emergency first responders or by a licensed physician, dentist, or medical specialist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Signature of Parent/Guardian

Date

Part 2: REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Signature of Parent/Guardian

Date