



Fairborn High School  
1523 Commerce Center Blvd.  
Fairborn, OH 45324 937-879-3611

FOR OFFICE USE ONLY

Denied \_\_\_\_\_ Approved \_\_\_\_\_

Ticket # \_\_\_\_\_: Pg# \_\_\_\_\_ Line # \_\_\_\_\_

**Out-of-District Guest Request Form**  
**Junior-Senior Prom on May 3, 2025 at the Air Force Museum**  
**STRICT REQUEST FORM DUE DATE: Wednesday, April 16, 2025**

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 by the Fairborn High School Junior or Senior 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.
9. **To ensure safety and security, students and guests entering the Air Force Museum will undergo a metal detector screening. Please note that students are not allowed to bring bags into the venue; however, small clutches are permitted but will be subject to search. Additionally, food, drinks, and writing utensils are not allowed in the museum.**

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	
<b>GUEST: The Emergency Medical information on the back of this form <u>MUST</u> be completed in order for you to attend this event.</b>	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	
Principal's Signature and Title from Guest's High School <b><u>If guest does not attend high school, then Guest's Parent or FHS Student's Parent must sign here</u></b>		Phone #	

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