

For Internal Use Only:
 Verified
 LM Voicemail



Off to See the Wizard!

LCMR After Prom 2012



For Internal Use Only:
Ticket #: _____
Departure Time: _____
Date's #: _____

Permission Form

May 12th to May 13th 11:30pm to 5:00am
At Lower Cape May Regional High School

One Form per Attendee (Permitted to attend: LCMR Jrs. & Srs. and Prom dates of LCMR Jrs. and Srs.)
Bring completed/signed form to the AP ticket sale table at lunchtime, May 2,3,4,9 &10.

Cost \$5.00 per ticket

This is a CLOSED DOOR event – no student will be permitted to leave without parental permission and verification

Student Name: _____ **Phone:** _____

School/Grade LCMR Fresh LCMR Soph LCMR Jr. LCMR Sr.

Other School: _____

Address: _____

Emergency Contact _____ **Phone:** _____

Medical Information: Please indicate any medical conditions or restrictions we need to be aware of:
_____ Emergency medical assistance will be available throughout the evening.

Date's Name: _____ **Phone:** _____

School/Grade LCMR Fresh LCMR Soph LCMR Jr. LCMR Sr.

Other School: _____

Parent/Guardian – The After Prom ends at 5am. It is our policy to not permit any student to leave the premises before the end of the event. If for any reason this is not appropriate, please indicate your intention and permission for your child to leave below: We will be calling to verify this information.

My child has my permission to leave the After Prom event early at _____

Home Phone: _____
Cell/Work Phone: _____

*I hereby consent to the participation of my child in the After Prom Party. I hereby empower and direct the chaperoning staff of the LCMR After Prom Committee and the Lower Cape May Regional School District to authorize emergency medical and/or hospital treatment for my child, in the event that I cannot be reached immediately, in any situation, where such treatment is reasonably necessary in the judgement of said personnel. I understand that a physician is not present during this activity. I authorize emergency medical assistants, present for this evening, to render first aid for my child if an accident or injury takes place. I understand the cost of medical treatment must be paid by the participant's own medical coverage. I understand that the After Prom is a closed-door event and that the sponsors of this event will not be held responsible if my child leaves the After Prom without following the proper check-out procedures. I hereby waive and release any right to bring legal action against the Lower Cape May Regional After Prom Committee, PTA or Lower Cape May Regional Board of Education.

Parent/Guardian Signature

Student Signature
