

**BUCKEYE HIGH SCHOOL
PROJECT CARE AND STRONG UNITERS
LOCK-IN
Field Trip Permission Form**

*****This form must be properly completed and returned at the door.**

Date: 2/12/10

Advisor/Group: Mrs. Telford/Deputy Locher

_____ has my permission to go to the Buckeye High
(Name)
School Lock-in on February 12, 2010.

Project Care will hold a High School LOCK-IN **beginning at 8:00p.m.** All participants must be in the building by 9:30p.m. or they will not be permitted to attend the Lock-In. Students who turn in a registration and do not show up will have parents contacted. Participants must be picked up at the High School by 12:00a.m. A donation of **\$5.00** is to be paid to **Buckeye High School** and turned in with this registration to Mrs. Telford at the sign-in table. Cost of Lock-in is non-refundable. Proceeds will go towards a donation to an area non-profit organization in need. **The \$5.00 admission fee will be waived for those students who collect more than \$15.00 in pledges/donations by the day of the Lock-in.**

Students may bring snacks. Pizza, veggies, hot chocolate, water and chips will be provided through donations. Students should not bring anything of value to the LOCK-IN. Activities will include movies, basketball, volleyball, music, games, and much more! Each student will be entered into a drawing for door prizes donated from area businesses. **Parents are welcome to assist with chaperoning at any time during the Lock-In ☺.**

We would also appreciate any food, beverages or door prizes that students or parents can donate for the evening.

My signature below indicates approval for my child to attend the LOCK-IN as indicated above. Even though I know that my child is covered by personal insurance for this event, I waive any responsibility, beyond that of normal care, from the advisors or school.

Parent/guardian Signature

Date

_____ I am interested in being an adult chaperone for a block of time during the Lock-in

If yes, please indicate what time frame you are able to attend _____

_____ I **do not** give permission for my child to be in any pictures from this Lock-in that may be used for school or media purposes.

BUCKEYE HIGH SCHOOL
Field Trip Medical Emergency Form

Student's Name: _____ **Birthdate:** _____

Address: _____ **Home Phone No.:** _____

Business phone where parent/guardian can be reached:

Mother (name) _____ **Work No.** _____

Father (name) _____ **Work No.** _____

List the name and phone number of two parties that can be called if the parent/guardian cannot be reached:

Name _____ **Phone No.** _____

Name _____ **Phone No.** _____

Doctor's Name _____ **Office No.** _____

Emergency No. _____

Does your child have any medical conditions or is he/she taking medication that we should know of?

No _____ **Yes** _____ **If yes, please explain:** _____

Student's Blood Type _____ **Allergies** _____

Insurance Company _____ **Policy No.** _____

Insurance Company Address _____

Phone No. _____

In the event of an emergency, we hereby give permission to the physician, selected by the counselors/advisors, to order X-rays, routine tests, and treatment for the health of my child, and in the event we cannot be reached in an emergency, we hereby give permission to the physician selected by the counselor to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child as named above.

Signature of Parent/Guardian

Date

