

Sylvania Northview High School
5403 Silica Drive
Sylvania, OH 43560

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DANCE GUEST FORM

For the safety and security of our students and guests, we ask that our students have their guests complete this form. There will be no junior high students, or guests over 20 years old, allowed to any of our school dances. Northview students must return this completed form to the office (3) days prior to the dance.

Name of Northview Student: _____
(Please Print)

Guest Information: If guest has graduated. Please complete only the information requested at the bottom of form.

Please **PRINT** the following information:

Name: _____

School: _____

Name of Parent/Guardian: _____

Home Phone Number: _____

Emergency Phone Number: _____

Signature of Parent/Guardian: _____

Signature of Principal: _____

This section is for guests that are high school graduates:

Name: _____ **Age:** _____

Emergency Contact Phone Number: _____

All guests must follow the Northview Code of Conduct. Violation of the Code may result in both the Northview student and guest being removed from the dance without reimbursement of the admission cost.

BIDS WILL NOT BE SOLD TO STUDENTS UNLESS THIS GUEST FORM IS RETURNED AT THE TIME OF SALE.

SYLVANIA CITY SCHOOLS- EMERGENCY MEDICAL AUTHORIZATION

The purpose of the following form is to enable parents and/or guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents and/or guardians **cannot** be reached.

EITHER PART 1 OR PART 11 MUST BE COMPLETED

PART 1

I hereby consent, in the event reasonable attempts to contact either parent or guardian have been unsuccessful, for (1) the administration of any treatment deemed necessary by my preferred doctor or dentist, or in the event the designated preferred doctor or dentist is not available, by another licensed doctor or dentist, and (2) the transfer of the child to my preferred hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed doctors or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

DATE: _____ X _____
(Signature of Parent/Guardian)

PART 11

(Do not complete if you filled out Part 1)

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 NO ACTION**.

DATE: _____ X _____
(Signature of Parent/Guardian)