



AUBURN STUDENT PERMISSION FORM
SENIOR CEREMONY REHEARSAL and SENIOR CEREMONY

This is a 2-sided form. Complete below how your son/daughter will be transported to Lakeland for the Rehearsal on May 23 and the Ceremony on May 24.

This form is to be returned to the Auburn High School Office by May 11, 2017.

____ BUS RIDER - I will use the BUS on May 23 and/or May 24, 2017.

Indicate days by circling

I give my son/daughter _____, _____,
(Print - First Name) (Print - Last Name) (Auburn Program)

permission to ride the bus from Auburn to Lakeland Community College for the Rehearsal on May 23 and/or for the Ceremony on May 24.

I understand that my son/daughter will have lunch at Auburn from 11:00am to 11:30am before boarding the bus to Lakeland. I also understand that the bus will leave from Auburn at 11:30am, and return to Auburn at 2:25pm, so that my son/daughter can ride their regular bus at the end of the day from Auburn.

(Parent Name - Printed) (Parent Signature) (Date)

(By signing this permission form, you absolve Auburn Career Center of all responsibility due to accident or injury).

Do not cut form in half – Remember to fill out Emergency Medical Authorization on back side of this page.

____ DRIVER - I will provide my own transportation on May 23 and/or May 24, 2017.

Indicate days by circling

I give my son/daughter _____, _____,
(Print - First Name) (Print - Last Name) (Auburn Program)

permission to drive or provide own transportation to Lakeland Community College for the Rehearsal on May 23 and/or for the Ceremony on May 24.

I understand that my son/daughter will provide his/her own transportation and will need to arrive at Lakeland Community College Athletic and Fitness Center at 12:00 noon for both the Rehearsal and Ceremony. They will also need to have lunch before arriving at Lakeland.

(Parent Name - Printed) (Parent Signature) (Date)

(By signing this permission form, you absolve Auburn Career Center of all responsibility due to accident or injury).

Please complete both sides of this form.





EMERGENCY MEDICAL AUTHORIZATION FOR FIELD TRIP

Please Print

Student's name _____ Birth Date _____

Address _____ Student Cell _____

In the event of an emergency, contact me at _____ or _____

If I am not available, please call:

1. Name _____ Phone _____

Relationship _____ Address _____

2. Name _____ Phone _____

Relationship _____ Address _____

TO GRANT CONSENT:

____ I hereby **give** my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and/or transfer of the child to any hospital reasonably accessible. This authorization does not include major surgery unless the medical opinions of two other licensed physicians concurring in the necessity for such surgery.

Please list any facts concerning your child's medical history including allergies, medication being taken and any other physical impairment to which a physician should be alerted:

Allergies _____

Medications _____

Other conditions _____

Local physician's name _____

Address _____ Phone _____

Parent/Guardian Signature _____ Date _____

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 would like the following actions to be taken:

Parent/Guardian Signature _____ Date _____