

Student Handbook and Course Expectations

I have read and I understand the theatre student handbook and course expectations. I understand the information and requirements posted therein. I understand that my student/ I will be required to participate in lab hours based upon their class placement. I also understand that my student/ I will be required to see and review Green Valley HS theatrical productions as part of his/her /my grade.

Parent Signature

Student Signature

DATE

DATE

Email Address _____

Email Address _____

Questions/Comments/ Parent Contact Information

Checklist : Please make sure the following are turned in:...

- _____ Course Fee of \$20.00 Can be paid online at www.gvhstheatre.com
- _____ Medical Permission Form
- _____ Private Car Permit
- _____ Field Trip Permit
- _____ Publicity Permit

_____ I am interested in volunteering for the Theatre Department when available.

Please feel free to comment if there is anything I should know about your child. Also, feel free to contact me at any time at 799-0950 Ex. 4051

Clark County School District FIELD TRIP PERMIT

Last Name of Pupil _____ First Name _____

I request that my child be allowed to participate in an authorized Clark County School District Field Trip. I understand that my child will be chaperoned by a responsible adult while away from the school, who will take reasonable precautions to protect my child from harm and injury.

I understand that this is a supervised activity. In order to maintain order, students will be expected to comply with rules, standards, and instructions for student behavior. I waive and release all claims against Clark County School District employees or their agents arising out of my child's failure to remain under such supervision. If at any time my child's behavior is incompatible with the standard for student behavior, his/her further participation may not be permitted.

In the event that my child is injured, becomes ill, or involved in an accident while away. I understand that the chaperon will seek medical attention for my child, and the school will contact me as soon as possible, and that I will be financially responsible for medical treatment. I further agree to hold the Clark County School District, its employees, and agents harmless for any injury or illness caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or illness occurs during the trip.

Signature _____ Date _____
Home Phone: _____ Work Phone: _____
Emergency Phone and Name _____

Please note any medical information which would be of help: (i.e. allergies, medications to avoid, current medications, etc.)

I do not wish my child to take part in the school field trip.

Signature Of Parent or Guardian _____ Date _____

Last Name of Pupil _____ First Name _____

Dear Parents:

Throughout the school term, we are asked to take part in local publicity releases by way of pictures, newspaper articles, and radio time. If you do, or do not, want your child's picture or name to be used in such publicity releases, indicate your desire below.

_____ I see no objection to my child having his or her picture and/or name used in connection with the public relations program of the District or school of attendance.

_____ I object to my child having his or her picture and/or name used in connection with the public relations program of the District or school of attendance.

Date

Signature of Parent/Guardian

Signature (both parents, please)



Clark County School District Private Car Permit

I give permission for my son/daughter _____,
to travel to _____, for the purpose of

I understand that he/she will be traveling in a private car and will be chaperoned by a Clark County School District employee.

I further agree to hold the Clark County School District, its employees, and agents harmless of any injury or sickness directly caused by the negligence of persons other than employees or agents of the Clark County School District when such injury or sickness occurs during the aforementioned trip.

Date

Signature of Parent/Guardian

CLARK COUNTY SCHOOL DISTRICT
MEDICAL PERMISSION FORM

(Please print or type)

Name _____ Date of Birth ____/____/____ Home Phone: (____) ____ - ____
Last First MI

Address: _____ Sex ____ SSN: ____ - ____ - ____
Number & Street City State Zip

EMERGENCY INFORMATION

Parents' Names: _____ Work Phone (____) ____ - ____ or (____) ____ - ____

Emergency Contact (if parents cannot be reached): _____ Phone Number: (____) ____ - ____

Physician's Name: _____ Phone Number: (____) ____ - ____

Who is responsible for medical payments: Insurance Individual

IF INSURED: Medical Insurance Company Name: _____ Phone Number (____) ____ - ____

Address: _____
Number & Street City State ZIP

Name of Insured _____ SSN of Insured ____ - ____ - ____

NOTE: Please attach a copy of the insurance card and driver's license of the primary insured person.

BRIEF MEDICAL HISTORY

Special Health Concerns (allergies, etc.): _____

Allergic to any medications? Yes No If yes, please list: _____

Current Medications: _____ Dosage per day: _____

NOTE: If you are taking medication regularly, please bring a supply in a labeled container.

Asthma: Yes No Medication: _____

Diabetes: Yes No Medication: _____

Epilepsy: Yes No Medication: _____

Heart: Yes No Medication: _____

Should activity be restricted? Yes No If yes, please explain: _____

Are there any prescription or non-prescription drugs that should NOT be administered?

The trip advisor(s) may provide my child with Tylenol Advil Either Neither

I, the parent or legal guardian of _____ (my child), authorize and direct the Clark County School District to obtain medical care for my child in the event such care is reasonably necessary. I understand that, if possible, I will be contacted in the event my child requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any reasonably necessary medical and/or surgical procedures that are essential for the treatment of my child and agree to be responsible for payment for such care. I release CCSD, its employees, and agents from any damages, liability, or loss resulting from the exercise of discretion in securing in good faith medical care for my child.

Parent or Guardian Signature: _____ Date: _____