

# Ingraham High School - Senior SPREE 2017 - Permission Form

Complete both pages, front & back. Review info and sign where required.  
Return forms to: Mary Smith, Main Office, no later than **Friday, May 26<sup>th</sup>**.

- Students who do not submit a completed authorization form will not be able to attend SPREE.
- Check-in/registration for seniors begins at 9PM on Tuesday, June 20<sup>th</sup>, 2017 by the main entrance of the school.
- Buses will leave promptly at 9:45PM from the bus loading zone. Students will be returned about 4AM.
- If you have questions or need more information, contact Roxanne Lewis, Sr. Class Advisor, [rmlewis@seattleschools.org](mailto:rmlewis@seattleschools.org)

## IMPORTANT DETAILS ABOUT SPREE:

- This is a drug and alcohol free event. All you need are the casual clothes you are wearing.
- Students will not be allowed to take any personal items on the bus or to the event.
- Prohibited items include, but are not limited to: cell phones, Apple watch or similar, purses, backpacks, water bottles, fanny packs, tins of mints, tobacco products, paper, pens. Please leave these items at home or with parents. Chaperones will keep any needed medications. All prohibited items collected will be returned to you at the end of the event upon arrival at school.
- The school building will NOT be open when seniors return from Spree at 4AM. Do not leave any belongings inside the school.

## Students:

1. Complete read and sign the "Student Agreement" on this page. **REQUIRED**

## Parent/legal guardian, if student is under 18 years of age, or student, if at least 18 years old: See both items. **REQUIRED**

1. Complete the "Authorization and Acknowledgement of Risks" and "Medical Authorization" on page 2 of this form.
2. Complete the "Important Medical Information Form" and "Medication Administration Form" on pages 3-4 of this form.

<b>Event Name:</b> IHS Class of 2017 SENIOR SPREE	<b>Student Name:</b>
<b>Date of Event:</b> Tuesday, June 20 <sup>th</sup> , leave school at 9:45PM, return to school at 4:00AM	
<b>Destination:</b> CONFIDENTIAL – SPREE Committee Members have details	
<b>Purpose:</b> As the final senior activity for the Class of 2017, this is a drug & alcohol-free event, organized by senior parents.	
<b>List of Activities:</b> Events are organized by the SPREE Committee (senior parents). All activities, venues and entertainment have been approved at the District level.	
<b>Supervision:</b> Students will be directly supervised by adult chaperones on this trip at all times.	
<b>Mode of Transport:</b> School buses Students will leave from IHS (front/main entrance). Register for event begins at 9PM, buses depart at 9:45PM Students will return to IHS (front/main entrance) at about 4AM	
<b>Chaperone in charge:</b> Roxanne Lewis, Senior Class Advisor, Ingraham HS	
<b>Chaperone/Student Ratio:</b> 1:10	

## STUDENT AGREEMENT

While participating in this field trip, I understand I will be a representative of SPS and my school community. I understand that appropriate standards must be observed, and I will accept responsibility for maintaining good conduct and abide by school based rules and the Seattle Public Schools' *Code of Conduct*.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Food Preferences and/or Food Allergies:

- Vegetarian    Vegan  
 Gluten free    Kosher  
 Food Allergies, see info at right  
 No dietary restrictions

## Food Allergy Notes (if applicable):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## AUTHORIZATION AND ACKNOWLEDGMENT OF RISKS

I understand that my/my child's participation in this event is voluntary and may expose me/my child to some risk(s). I have read and understand the description of the event (on p. 1 of this form) and authorize me/my child to participate in the planned components of the event.

I assume full responsibility for any risk of personal or property damages arising out of or related to my/my child's participation in this event, including any acts of negligence or otherwise from the moment that my student is under SPS supervision and throughout the duration of the trip. I further agree to indemnify and to hold harmless SPS, the Howard Group, Inc., d/b/a Grad Nights and its agents, contractors, employees, vendors, and any of the individuals and other organizations associated with SPS in this field trip from any claim or liability arising out of my/my child's participation in this event.

I also understand that participation in the event will involve activities off of school property; therefore, neither the Seattle Public Schools, nor its employees nor volunteers, will have any responsibility for the condition and use of any non-school property.

I understand that SPS is not responsible for my/my child's supervision during such periods of time when I/my child may be absent from a SPS supervised activity. Such occasions are noted in the "Supervision" section on page 1 of this agreement.

I state that I have/my child has read and agree(s) to abide by the terms and conditions set forth in the SPS *Student Rights & Responsibilities - Code of Conduct*, and to abide by all decisions made by teachers, staff, and those in authority. I agree that SPS has the right to enforce these rules, standards, and instructions. I agree that my/my child's participation in this field trip may at any time be terminated by SPS in the light of my/my child's failure to follow these regulations, or for any reason which SPS may deem to be in the best interest of a student group, and that I/my child may be sent home at my own expense with no refund as a result. In addition, chaperones may alter trip activities to ensure individual and/or group safety.

## MEDICAL AUTHORIZATION

I certify that I am/my child is in good physical and mental health and I have/my child has no special medical or physical conditions which would impede participation in this event/field trip.

I agree to complete in its entirety the attached "Important Medical Information Form" and "Medication Administration Form" found on pages 3-4 of this Authorization.

I agree to disclose to SPS any medications and/or prescriptions which I/my child shall or should take at any time during the duration of the field trip.

In the event of serious illness or injury to myself/my child, I expressly consent by my signature to the administration of emergency medical care, if in the opinion of attending medical personnel, such action is advisable. Further, when necessary, I authorize the chaperones to act on behalf of myself/my child while participating in the above described trip including the admittance to and release from a medical facility

***If the applicant is at least 18 years of age, the following statement must be read and signed by the student:***

I certify that I am at least 18 years of age, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

***If the applicant is under 18 years of age, the following statement must be read and signed by the student's parent or legal guardian:***

I certify that I am the parent and legal guardian of the applicant, that I have read and that I understand the above Agreement, and that I accept and will be bound by its terms and conditions on my own behalf and on behalf of the student.

I give permission for: \_\_\_\_\_ to participate in all aspects of this event/trip.  
(student)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

***The student, if at least 18 years of age, or parent/legal guardian must complete the information below:***

Print First and Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Emergency Contact's First and Last Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact's Telephone #: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN OR STUDENT



## Senior SPREE 2017 – Important Medical Information Form (side 2)

Student has the following health issues and/or allergies which IHS staff/SPREE chaperones should be aware of:

Health Issues:

Allergies to food, medication, insects, plants, animals, etc.:

Student takes the following medications and/or prescriptions of which IHS staff/SPREE chaperones should be aware of:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

Is there any factor that makes it advisable for your child to follow a limited program of physical activity, i.e. asthma, recent surgery, heart condition, abnormal fear, etc.?

If yes, specify the way in which you wish his/her activities to be limited:

Additional information of which IHS staff/SPREE chaperones should be aware concerning student's health:

I authorize the release of the information given above to other school staff/SPREE chaperones in order to coordinate services.

\_\_\_\_\_  
Student Signature, if at least 18 years of age

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature, if student is under 18 years of age

\_\_\_\_\_  
Date

\* If necessary, attach doctor's letter to this form.