

Yorba Linda High School Grad Night 2024

Parent Permission, Medical Emergency and Waiver of Claims

ALL YLHS 2024 GRAD NIGHT PARTICIPANTS AND THEIR PARENT MUST READ AND COMPLETE THIS FORM.

I request that (Print Student Full Name _____) be permitted to participate in graduation event planned for graduating Seniors of Yorba Linda High School by the YLHS Grad Night Committee on Friday, June 7, 2024. I understand all graduates will meet in the YLHS Gym at 5 p.m. for check in and will be transported by chartered bus to the Grad Night location, Universal Studios Hollywood. All graduates will be transported back to Yorba Linda High School and arrive at approximately 4 a.m on Saturday, June 8, 2024. Under no circumstances, will students be permitted to leave the venue of our event. I understand that transportation to and from the school is the responsibility of the parent. Drop off and pick up of graduates will only take place at Yorba Linda High School. We realize the participation in this activity is voluntary. We understand that this activity could cause serious illness, and/or injury and/or death and/or property damage and we assume all risks for any such illness and/or injury and/or death and/or property damage. No cars are to be parked overnight in the YLHS parking lot.

THIS VENUE WILL OBSERVE A ZERO TOLERANCE POLICY AND THE CODE OF CONDUCT RULES ENFORCED DURING SCHOOL EVENTS WILL APPLY.

We are aware that the event may include activities in which the participant may be injured. We understand and agree to hold harmless and indemnify the YLHS Grad Night Committee, its board members, volunteers, its vendors, the Placentia-Yorba Linda Unified School District, its board members, employees, agents and volunteers from any and all claims or liability resulting from or arising out of Grad Night activities. All graduates will follow the same Code of Conduct rules that are enforced during school activities, as well as the zero-tolerance policy. Every attempt will be made to contact parents if your student has purchased a Grad Night ticket and does not check-in at the YLHS Gym on June 7th, 2024.

My Graduate (Print Student Full Name _____)
Date of Birth _____ is in good physical condition.

Should HE/SHE become ill or injured during this trip or activity, parent(s) or guardian will be notified first. HE/SHE MAY/MAY NOT (CIRCLE one) receive medical attention by medical staff and/or a duly licensed physician by calling 911. Additional Medical Information allergies or special conditions (specify NONE if appropriate):

Prescription medications currently being taken: _____

If medication is needed during the Grad Night event hours, please send an attached note with the medication instructions signed by the parent with a phone number for contact. All prescription medication must be in original containers, in a baggy with the participant's name on it and must be given to a Grad Night Chaperone for safe keeping.

