



# Parent Information & Permission Form

## McNeil High School ~ Project Graduation

### May 26, 2019 ~ 12:15am-5am @ Main Event

**PARENT INFORMATION:**

Parent / Guardian's Name: \_\_\_\_\_

Parent / Guardian's Email: \_\_\_\_\_

Parent / Guardian's Phone Number DURING EVENT: \_\_\_\_\_

I would like to volunteer AT Project Graduation 2019 from (time) \_\_\_\_\_ am to \_\_\_\_\_ am

I give permission for my child \_\_\_\_\_ to attend & participate in all activities at McNeil High School's Project Graduation 2019 event FROM 12:15am to 5am on May 26, 2019 at Main Event.

**Please initial that you have read each statement.**

\_\_\_\_\_ I hereby authorize any Project Graduation volunteer to approve all medical treatment for my child by any physician, nurse, trainer, sponsor, hospital, or other healthcare provider, as the volunteer or any of those listed deems necessary for the health and safety of my child. This authorization begins at 12:15am on May 26, 2019 for the duration of the Project Graduation sponsored event and is made pursuant to chapter 35 of the Texas Family Code. I further agree to release, hold harmless, and indemnify the McNeil High School Project Graduation 2019 volunteers and sponsors from liability, damages, and/or claims, made by any person whomever, related to injury, treatment, or care of my child.

\_\_\_\_\_ Project Graduation is a chemical free celebration honoring the graduates of McNeil High School. I understand if my child breaks stated rules, I will be contacted by one of the volunteers and I will be expected to pick up my child from Main Event.

\_\_\_\_\_ I understand that my child will not be able to attend McNeil's Project Graduation unless this form and the Student Agreement are **BOTH signed and returned to their Admin Suite by May 1, 2019.**

\_\_\_\_\_ I understand that this party is free for graduating McNeil High School seniors. I am enclosing a tax-deductible donation to Project Graduation 2019 and have included my TXDL#.

\_\_\_\_\_ I understand that prizes will be given only to those in attendance and that there is no guarantee that an individual will receive a prize.

\_\_\_\_\_  
Parent's Signature & Date

\_\_\_\_\_  
Parent's Phone Number DURING EVENT

Project Graduation 2019 Contact: [mcneilprojectgrad19@gmail.com](mailto:mcneilprojectgrad19@gmail.com)

Project Graduation 2019 website: [mcneilprojectgrad.ch2v.com](http://mcneilprojectgrad.ch2v.com)



# Student Agreement

## McNeil High School ~ Project Graduation

### May 26, 2019 ~ 12:15am-5am @ Main Event

(Saturday Night of Graduation to Sunday morning)

\_\_\_\_\_  
PRINT LEGIBLY Senior's Name

&

\_\_\_\_\_  
Senior's Email

\_\_\_\_\_  
Parent/ Guardian's Name

&

\_\_\_\_\_  
Parent / Guardian's Email

**Senior, please initial that you have read each statement.**

\_\_\_\_ I understand that I must be substance-free. This is a zero-tolerance party. NO ALCOHOL, NO DRUGS AND NO TOBACCO PRODUCTS. All school rules, including dress code, are applicable. I am aware that a deputy will be in attendance and legal action will be taken if applicable.

\_\_\_\_ I understand that I must bring my McNeil ID without exception. The only other items I may bring with me are a camera, car keys and a cell phone.

\_\_\_\_ I understand that I will arrive at Main Event between 12:15am and 12:30am Sunday, May 26, 2019 at Main Event and will not arrive earlier. (Main Event closes at midnight and they will not allow us in prior to our designated time. You will have to wait if you arrive before 12:15 am.)

\_\_\_\_ I understand that the doors will be locked promptly at 12:50 am and that no one will be allowed to enter Main Event after that time. The party will end at 5:00 am on Sunday morning, May 26, 2019. Any emergencies during the event will be handled by Main Event Staff and Project Graduation volunteers.

\_\_\_\_ I understand that I will NOT be allowed to leave and will be required to stay until 5:00am, Sunday, May 26, 2019. If circumstances necessitate that I must leave based on an emergency, a phone call will be made to the parent/guardian listed and he/she will come to Main Event and sign me out. If I leave before the party is over, I will not be eligible for any prize drawings that occur.

\_\_\_\_ I will turn in all medications to the check-in team at Project Graduation.

\_\_\_\_ I have the following medical conditions, allergies, medications; \_\_\_\_\_  
(continue list on back, if needed)

**I have read the above statements and will attend Project Graduation 2019.**

\_\_\_\_\_  
Print Senior's Name

/

\_\_\_\_\_  
Senior's Signature & Date

\_\_\_\_\_  
Print Parent's Name

/

\_\_\_\_\_  
Parent's Signature & Date

**Parent's Phone Number During Event:** \_\_\_\_\_