

Marathon Dance 2020
Permission Sheet & Medical Information

Student's Name _____

Grade _____

By signing below I hereby give (*dancer's name*) _____ permission to participate in the 28 hour South High Marathon Dance, which is a South Glens Falls Central School District event. I understand that at some point during the 28 hour Marathon Dance I may need to be contacted. In case of an emergency, I can be reached at:

Cell Phone: _____ Home Phone: _____ Other: _____

I also give permission for the South High Marathon Dance to record, take statements, transcribe and photograph the above named student which may be distributed, posted, or broadcast through media, internet, and other means in conjunction with any Marathon Dance – related project. By signing this release, I acknowledge that South High shall own the copyright in the photographs, statements, transcriptions and recordings they make of the Dancer. Since the Marathon Dance is a community event, I also give unrestricted permission for my child's image/statements to be used by the media covering this event without further notification.

Parent or Legal Guardian's Name: _____

Street Address _____

City _____

Zip Code _____

Does the student have any medical problems that we should be aware of? (explain) _____

What medications will the student need/have during the dance? _____

Please remember to turn in all CONTROLLED medications during registration to the medical dancer as needed for any illness/injury (including transporting via ambulance for further care) as well as administering any prescribed medication needed. staff. Any OTC or regularly prescribed medications must be kept secured with the dancer's belongings. SHMD will not be responsible for any medications that are lost/stolen.

By signing, I give permission to the medical staff at South High Marathon Dance to treat the above mentioned

Parent or Guardian's Signature _____

Date _____