

**BUCKEYE HIGH SCHOOL  
PROJECT CARE AND STRONG UNITERS  
LOCK-IN  
Field Trip Permission Form**

**\*\*\*This form must be properly completed and returned by February 11, 2010.**

Date: 2/5/10

Advisor/Group: Mrs. Telford/Deputy Locher

\_\_\_\_\_ has my permission to go to the Buckeye High  
(Name)  
School Lock-in on February 12, 2010.

Project Care and Peacekeepers will hold a High School LOCK-IN **beginning at 9:00p.m.** All participants must be in the building by 9:30p.m. or they will not be permitted to attend the Lock-In. Students who turn in a registration and do not show up will have parents contacted. Participants must be picked up at the High School by 6:30a.m. The cost of the lock-in is **\$5.00** to be paid to **Buckeye High School** and turned in with this registration to Mrs. Telford or during lunch at the sign up table. Cost of Lock-in is non-refundable. Proceeds will go towards a donation to an area non-profit organization in need. **The \$5.00 admission fee will be waived for those students who collect more than \$15.00 in pledges/donations by the day of the Lock-in.**

Students will need to bring a sleeping bag/blanket and pillow. They may also bring snacks. Pizza, veggies, hot chocolate, water and chips will be provided through donations. Separate sleeping rooms will be provided for males and females. Students should not bring anything of value to the LOCK-IN. Activities will include movies, basketball, volleyball, music, games, and much more! Each student will be entered into a drawing for door prizes donated from area businesses. **Parents are welcome to assist with chaperoning at any time during the Lock-In ☺.**

**We would also appreciate any food, beverages or door prizes that students or parents can donate for the evening.**

My signature below indicates approval for my child to attend the LOCK-IN as indicated above. Even though I know that my child is covered by personal insurance for this event, I waive any responsibility, beyond that of normal care, from the advisors or school.

\_\_\_\_\_  
**Parent/guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_ I am interested in being an adult chaperone for a block of time during the Lock-in  
**If yes, please indicate what time frame you are able to attend \_\_\_\_\_**

\_\_\_\_\_ I **do not** give permission for my child to be in any pictures from this Lock-in that may be used for school or media purposes.

**\*Registration must be submitted to Mrs. Telford by February 11, 2010**

**BUCKEYE HIGH SCHOOL**  
**Field Trip Medical Emergency Form**

**Student's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Home Phone No.:** \_\_\_\_\_

\_\_\_\_\_

**Business phone where parent/guardian can be reached:**

**Mother (name)** \_\_\_\_\_ **Work No.** \_\_\_\_\_

**Father (name)** \_\_\_\_\_ **Work No.** \_\_\_\_\_

**List the name and phone number of two parties that can be called if the parent/guardian cannot be reached:**

**Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Office No.** \_\_\_\_\_

**Emergency No.** \_\_\_\_\_

**Does your child have any medical conditions or is he/she taking medication that we should know of?**

**No** \_\_\_\_\_ **Yes** \_\_\_\_\_ **If yes, please explain:** \_\_\_\_\_

**Student's Blood Type** \_\_\_\_\_ **Allergies** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy No.** \_\_\_\_\_

**Insurance Company Address** \_\_\_\_\_

**Phone No.** \_\_\_\_\_

**In the event of an emergency, we hereby give permission to the physician, selected by the counselors/advisors, to order X-rays, routine tests, and treatment for the health of my child, and in the event we cannot be reached in an emergency, we hereby give permission to the physician selected by the counselor to hospitalize, secure proper treatment for, and to order injections and/or surgery for my child as named above.**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

