



Patient Label
(for inpatient attendees only)

Request for Prom Attendance – Patient

Patient Name		Date of Birth
Known Allergies		
Special Diet		
Chronic/Acute Condition		
Parent/Guardian Name	Parent/Guardian Emergency Contact Number	
Parent/Guardian Signature		
Medical Personnel Signature (for inpatient attendees only)		

All Prom attendees require an adult signature (if under 18 years of age).

To ensure a safe environment, the following guidelines will be in effect:

1. All visitor guidelines will apply.
2. Each attendee is responsible for abiding by the rules of the Prom.
3. Food and beverages will be served. Please refrain from bringing in any food or drink.
4. You are not permitted to bring in any beverage containers.
5. If an attendee appears to be under the influence of alcohol or any other controlled substance, he/she will **not** be allowed to participate in the Prom and will be asked to leave.
6. All attendees will remain at the Prom until its conclusion at 9:00p.m. **Prom attendees must be picked-up by a licensed driver by 9:00p.m.**

I have read the guidelines for the Prom and agree that I will follow all guidelines for this event.

Patient Signature **Date**

Release of Liability: In consideration of my or my child's participation in this event, to the fullest extent permitted by law, I (and my child if I am signing as parent or guardian) release Children's Hospital and Health System, Children's Hospital of Wisconsin, their officers, directors, employees, volunteers and agents from any liability or claim for injury or illness that I or my child sustain during my or my child's participation in this event. I understand that there are risks associated with participating in this event, such as the risks of injury while dancing. I understand that this release applies to myself or my child and my or my child's personal representative, heirs, and assigns. I and my child also waive the right I have to bargain for different release of liability terms.

Parent/Guardian Signature (if under 18 years of age) **Date**

INTERNAL USE ONLY:

NAME OF GUEST – DROP-OFF/PICK-UP : _____

PHONE NUMBER WHERE YOU CAN BE REACHED THIS EVENING : _____

ID CHECK DROP-OFF : _____ ID CHECK PICK-UP : _____