

DRAMA STUDENT CONDUCT AGREEMENT

*The student is asked to read all pages of this document and then **comply** with each statement below: The student, parent/guardian, and drama advisor/school official are then asked to sign this agreement. Drama Advisors are requested to collect all student agreements and have them in their possession during the Drama Festival.*

- I am aware that I am representing my school and will act in a respectful manner during the time I am here.
- I understand District/school policies and protocols apply to me even when I am not in my own school district.
- I understand that I am a guest on campus and that my conduct must respect the rights of the other guests. I will maintain reasonable noise levels at all times.
- I understand that I must respect property in the residence, theatre, cafeteria, classroom and campus.
- I understand that no alcohol or illegal drug use will be tolerated. If I violate this rule, I understand that my parents/guardians will be contacted and I will be sent home immediately at my own expense and that my actions will be reported to my school.
- I agree to be a respectful, intelligent member of the audience for all performances
- I agree to abide by the curfews set by the staff advisors/supervisors.
- I realize that it is a privilege to attend the Drama Festival and that I will attend events and participate unless excused by my Drama Advisor.
- I understand that I will return home with my group and Drama Advisor unless I have prior written permission from my parents/guardians and Drama Advisor.

I have read, and understood the above Conduct Contract and I agree to follow it while attending the New Brunswick Provincial Drama Festival. Any infraction will be dealt with in an appropriate manner and could result in my being sent home.

Student signature _____ Date _____

Parent/guardian _____ Date _____

School official _____ Date _____

EMERGENCY AND MEDICAL INFORMATION

Student's name _____ Date of Birth _____

Parent's/Guardian's name _____

Student's Medicare # _____

Parent's/Guardian's daytime phone _____

Parent's/Guardian's home phone _____

Other emergency number _____

Does your child have a medical condition that would require attention? YES _____ NO _____

Is your child presently taking medication? YES _____ NO _____

If yes, What _____ Dosage _____

Does your child have any allergies? YES _____ NO _____

If yes, please specify _____

Does your Child carry an epipen? Yes _____ No _____

Has your child had a tetanus injection in the past 5 years? YES _____ NO _____

Parent/Guardian signature _____ Date _____