



AMHS Parent/Guardian Permission Form

A. Conditions of Consent

1. As the parent/guardian of _____ I recognize that as part of the school registration process I consented to emergency medical treatment for my student and have released the school from any claims before, during, or after my student's participation in a school activity. I recognize this is not a waiver of my student's rights.
2. As the parent/guardian of this student, I give my permission for my student to participate in the event/activity described below.
3. I understand students are not allowed to travel to off-campus school functions with another student as the driver of a vehicle.

B. Event/Travel Description

Event/Activity **AASU movie event of "When They See Us"**

AMHS Campus

From (time): **February 18th and 24th**

The biography "When They See Us" surrounds five teens from Harlem become trapped in a nightmare when they're falsely accused of a brutal attack in Central Park. Based on the true story.

Visit this link for a trailer the biography: https://youtu.be/u3F9n_smGWY

"When They See Us undeniably has a point of view (some real-life participants of the case have decried major elements of it). However, such criticism shouldn't undermine the power and prestige of this production. The series offers a raw, absorbing and ultimately revealing look at this compelling case and the flawed criminal justice system." – John Hanlon, Townhall

C. Contact Information/Signature

Person to contact in case of an emergency _____

Emergency Phone Number (_____) _____ - _____

My student has a special medical condition, e.g. drug allergy:

I give my student permission to participate and understand the conditions and behavioral expectations governing my student's participation. I grant permission for my student to receive emergency medical treatment if necessary.

Signature of Parent/Guardian _____