



# Oklahoma House of Representatives

## PAGE DRESS CODE

The House of Representatives Employee Manual requires that employees should observe a business professional dress code. “Business professional” means suits or sport coats/slacks/ties for gentlemen and dresses, slacks or skirts/blouses, jackets or sweaters for ladies.

Basic guidelines for appropriate workplace dress *do not* include tight pants or short skirts. Skirts should be knee length, and dark tights are acceptable. Tank tops, halter tops, spaghetti straps, low-cut blouses or sweaters, or any extreme style or fashion in dress, footwear, accessories or hair is not appropriate. Clothing that is distracting, offensive, revealing or provocative, is not suitable. Visible body art and piercings, with the exception of a single set of earrings, are prohibited and must be removed or covered.

Please note that if the guidelines above are not followed, the Page Coordinators have the authority to require the Page to change.

High heels are strongly discouraged as the floors and stairwells are marble and can be very slick in places. There is a great amount of walking involved in Page duties. For comfort and safety reasons please consider flat heeled shoes. As an exception, clean athletic shoes may be worn. The House Chamber is kept quite cool. Young ladies are encouraged, but not required, to wear slacks. A sweater or jacket may be worn or brought.

Business casual is the expected dress for any outings outside of the Capitol or after-hours. Jeans and appropriate tops are included in that dress. Please plan accordingly!

---

Page Signature

---

Parent or Guardian Signature



# Oklahoma House of Representatives OUR EXPECTATIONS

IT IS AN HONOR FOR YOU TO BE A CHOSEN YOUNG PERSON  
SERVING YOUR STATE GOVERNMENT. AS SUCH, OUR  
EXPECTATIONS OF YOU ARE HIGH. THE FOLLOWING OUTLINES  
WHAT THEY ARE.

## WE EXPECT:

1. Respect and courtesy to all House members and staff, as well as your fellow page coworkers.
2. Conformity with our dress code policy.
3. Completion of all work assignments.
4. Professional mindset and proper language.
5. Proper behavior at the hotel after work hours, including appropriate attire and no use of alcohol or tobacco products

---

Page Signature

---

Parent or Guardian Signature



# Oklahoma House of Representatives

## Page Medical Treatment Authorization Form

Instructions: Please complete the information, as requested.

THIS FORM AUTHORIZES EMERGENCY MEDICAL TREATMENT FOR:

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Page's name, please print) Date of Birth

FOR THE FOLLOWING PERIOD OF TIME: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ THROUGH \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Dates of Page Service)

WHILE SERVING AS A PAGE FOR REPRESENTATIVE (name of House member)

PLEASE LIST:

Current medications:

Reasons for taking this medication:

1. \_\_\_\_\_  
2. \_\_\_\_\_

Allergies: \_\_\_\_\_

Brief history of illnesses/surgeries:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Physician information:

Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

INSURANCE COVERAGE:

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of person listed as the primary holder of this insurance coverage: \_\_\_\_\_

Telephone numbers where parent(s) or guardian may be reached, day or night:

<u>Relationship to Page</u>	<u>Work Phone</u>	<u>Home Phone</u>	<u>Cellular Telephone</u>
1. _____	(____) _____ - _____	(____) _____ - _____	(____) _____ - _____
2. _____	(____) _____ - _____	(____) _____ - _____	(____) _____ - _____
3. _____	(____) _____ - _____	(____) _____ - _____	(____) _____ - _____

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date





# Oklahoma House of Representatives

## Page Travel Authorization Form

Instructions: Please complete the information, as requested.

I/(WE) GRANT PERMISSION FOR \_\_\_\_\_  
(Page's name, please print)

TO BE A PASSENGER IN THE VEHICLES BELONGING TO AND/OR DRIVEN BY THE SPONSORING MEMBER OF THE HOUSE OF REPRESENTATIVES, HOUSE OF REPRESENTATIVES PERSONNEL, AND/OR THE FOLLOWING PERSONS:

SPONSORING HOUSE MEMBER \_\_\_\_\_

1. Owner/Driver \_\_\_\_\_ Relationship \_\_\_\_\_
2. Owner/Driver \_\_\_\_\_ Relationship \_\_\_\_\_
3. Owner/Driver \_\_\_\_\_ Relationship \_\_\_\_\_

If your child will be traveling with another Page, please include the owner/driver's name.

THE UNDERSIGNED UNDERSTANDS, CONSENTS, AND AGREES THAT IF A PARTICULAR INDIVIDUAL'S NAME DOES NOT APPEAR ON THE LIST ABOVE, HOUSE OF REPRESENTATIVES PERSONNEL WILL NOT ALLOW THE PAGE TO LEAVE HOUSE SUPERVISION UNTIL THEY ARE RELEASED AT THE END OF THE WORK DAY. IF A PAGE MUST LEAVE DURING WORKING HOURS, INDIVIDUALS DESIGNATED ABOVE MUST CHECK IN AT THE PAGE DESK, ON THE 4<sup>TH</sup> FLOOR OF THE CAPITOL, WEST WING, BEFORE A PAGE WILL BE ALLOWED TO LEAVE HOUSE SUPERVISION.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
DATES OF PAGE SERVICE