

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my(our) permission to participate
Name of Minor

in _____ on _____
Event or Activity Date

at _____ from _____ to _____
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____
Son. Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge

_____ PTA Unit PTA Council PTA Diaries

and the Connecticut PTA and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify

the minor is my (our) _____ and that his/her date of birth is _____
Son, Daughter

and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none.")

Signature Print Name

Address _____
City Phone

Signature Print Name

Address _____
City Phone

Alternate Adult:

Signature Print Name

Address _____
City Phone