

CALIFORNIA STATE PTA
930 Georgia Street, Los Angeles, CA 90015-1322

PARENT'S APPROVAL AND STUDENT WAIVER

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

_____ 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
_____ , _____
Unit PTA Council PTA District PTA

and the California State 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.")

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

Alternate Adult:

Signature Print Name

Address City Phone