

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

_____ PTA Unit _____ PTA Council
 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 and Telephone Number

2..

 Signature Print Name

 Address City and Telephone Number

Alternate Adult:

 Signature Print Name

 Address City and Telephone Number