

Student Permission Slip

NEW YORK STATE PTA®
New York State Congress of Parents and Teachers, Inc.
One Wembley Court, Albany, New York 12205-3830
518-452-8808 - 518-452-8105 (FAX)

_____ 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 _____
Son/Daughter

Myself, my heirs, executors and administrators, remise, release and forever discharge

_____ PTA UNIT _____ PTA COUNCIL _____ PTA REGION

and the New York State Congress of Parents and Teachers Inc., and all PTA officers, employees and agents of each of the foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that the minor is my _____

Son/Daughter

and that his/her date of birth is _____ and I do hereby certify that to the best of my 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 hereby advise that the above named minor has had all 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