

PTA Permission Slip for 2016-2017

(Name of student)

(Teacher / Classroom #)

has my (our) permission to participate in all Edna Maguire School PTA sponsored events for the school year 2015 to 2016.

The undersigned parent or guardian assumes all risks in connection with the student's participation in any and all of the PTA sponsored activities. I (we) hereby release and discharge the California State PTA, the Edna Maguire PTA and all PTA officers and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property or parent's property in connection with participation in this activity, unless caused by the negligence of the PTA.

I do hereby certify that to the best of my (our) knowledge and belief my child is in good health. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood and agreed 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 or which could limit participation:

If none, please write "none."

1. _____
Signature Date

Print Name Phone

Address City State Zip Code

2. _____
Signature Date

Print Name Phone

Address City State Zip Code

Please return the Permission Slip to your teacher as soon as possible