

student permission slip



NEW YORK STATE PTA®
One Wembley Court, Albany, New York 12205-3830
1-518-452-8808 • Toll Free 1-877-569-7782 • 1-518-452-8105 (Fax)

_____ has my (our) permission to participate in the
{name of minor}

Enrichment Program from April 14 - May 21 at Fall Creek Elementary School from 2:00 -

3:10. I (we) as parent(s) or guardian(s) of the minor do, hereby, for my _____
{son / daughter}

myself, and my heirs, executors, and administrators, remise, release, and forever discharge the Fall Creek PTA, Ithaca PTA Council, NYS South Central Region, the New York State Congress of Parents and Teachers Inc., and all PTA Officers, employees, and agents of each 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 or daughter}
and that his 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 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}