

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)

STUDENT PERMISSION SLIP

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

_____ Date(s)
Event or Activity

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

SKANO ELEMENTARY

SHENENDEHOWA

NORTHEASTERN

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 the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify that the minor is my _____ and that his/her date of birth is _____
Son/Daughter

_____ 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 Phone

2. _____
Signature Print Name Address Phone

Alternate Adult:

Signature Print Name Address Phone