

# 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 • Toll Free 1-877-569-7782 • 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