

1)

CONNECTICUT PTA
60 Connolly Pkwy. Bldg. #12, Hamden, CT 06514-2519

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in the PTA After-School
Name of Minor

Enrichment Program from 1/5/09 to 5/29/09 at Middlebrook School from 3:20 to 4:45.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) _____ myself,
Son, Daughter

my (our) heirs, executors and administrators, remise, release and forever discharge

Middlebrook School,
PTA Unit

Trumbull
PTA Council

Trumbull
PTA District

and the Connecticut PTA and all PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) _____ and that his/her date of birth is _____
Son. Daughter Date of Birth

and I (we) do hereby certify that to the best of my (our) 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 (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. (If none, please write the word "none.")

1. _____
Signature Print Name

Address City Phone No.

2. _____
Signature Print Name

Address City Phone No.

Alternate Adult:

Signature Print Name

Address City Phone No.

November, 2005

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