

**New York State PTA  
Student Permission Slip  
For  
North Colonie Central School District  
Southgate Elementary School PTA After School Enrichment Program**

\_\_\_\_\_ (name of Student) has my (our) permission to participate in the Southgate Elementary School PTA After School Enrichment Program to be held on February 28, March 6, 13, 20, 27, and April 3 from 3 to 4 pm at Southgate Elementary School (make-up date April 17<sup>th</sup>).

I (we), as parent(s) or guardian(s) of the student, do hereby, for my child's, Myself, my heirs, executors and administrators, remise, release and forever discharge the Southgate Elementary School PTA Unit, the North Colonie Council of Parent Teachers Association, the Northeastern Region of the New York State PTA 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 above student is my child and/or legal responsibility and that his/her date of birth is \_\_\_\_\_ and I do hereby certify that to the best of my knowledge and belief said student 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 student has had all the following allergies, medicine reactions or unusual physical condition that should be made known to a treating physician. (If none, please write the word "none".) \_\_\_\_\_

Please sign below.

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Signature	Print Name	Address	City
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