

North Colonie Central School District
New York State PTA
Student Permission Slip
(Loudonville School PTA)

My child/children (see below) has my (our) permission to participate in **PTA sponsored activities and programs** during the _____ (fill in) school year. These activities include, but are not limited to: after school programs, Welcome Back Social, Ice Skating, Spring Soccer and June Jubilee (Bouncy Bounce). I understand each program and event may have additional participation guidelines.

I (we), as parent(s) or guardian(s) of the student(s), do hereby, for my child's, myself, my heirs, executors and administrators, remise, release and forever discharge the Loudonville 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 named student(s) is (are) my child(ren) and/or legal responsibility:

_____ D.O.B. _____

_____ D.O.B. _____

_____ D.O.B. _____

I do hereby certify that to the best of my knowledge and belief the above named children are 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 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.

Signature	Print Name	Address	City
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Phone Home	Phone Cell	Phone Other	Emai
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