

PARENT/GUARDIAN APPROVAL AND CONSENT TO TREATMENT FORM

California State PTA Convention, April 27-29, 2018 ♦ Ontario, CA

Student must bring this completed form to convention. DO NOT MAIL

Print Student Name: _____ Cell phone: _____

Date of Birth: _____ Student address at convention: _____

Unit PTA Name _____ District PTA Name _____

Name of responsible adult at convention: _____

Adult address at convention: _____ Cell phone: _____

I (we), as parent(s) or guardian(s) of the above-named minor, consent to the participation of said minor in the California State PTA convention and do hereby for my child, myself, my heirs, executors and administrators remise, release and forever discharge the California Congress of Parents, Teachers, and Students, Inc., the local PTA/PTSA, council (if in council) and district; 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 the death or any injury to said minor which may occur by reason of the activity referred. 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, including any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that may be rendered to said minor, under the instructions of the president of the California State PTA or her agent, as agent(s) for the undersigned. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of my child to exercise their judgment as to the requirements of such diagnosis or medical or surgical treatment. 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 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." below)

List any allergies; medicine reactions or unusual physical condition:

No drugs, alcohol, tobacco products, immoral behavior or sexual misconduct will be allowed. If an infraction occurs the parents will be called, and the student will be sent home. Parents will be responsible for any additional costs incurred as a result of the student's actions.

If the minor chooses to participate in the Special Event, the following waiver must be completed by the parent/guardian.

[] I verify that _____ is physically fit and able to participate in the Special Event and hold the California State PTA, including all unit, council and district PTAs harmless.

STATEMENT OF UNDERSTANDING

By registering you agree to the terms and conditions set forth in the Registration information of the Registration Book for the 2018 California State PTA Convention in Ontario. This registration is transferable. Payments for transfers must be handled between you and your replacement and your unit/council/district PTA president. There are no refunds for State PTA Registration and Event Fees.

AUDIO AND PHOTOGRAPHY RELEASE

By registering for or attending the California State PTA Convention you hereby grant and assign the California State PTA and its legal representatives the irrevocable and unrestricted right to use and publish for editorial, trade, advertising or any other purpose and in any manner and medium, including website and internet promotion, all photographic, audio, video, and digital images of you and your guests taken while in attendance at the California State PTA Convention. By registering for or attending the California State PTA Convention you hereby release the California State PTA and its legal representatives from all claims and liability relating to said photographs, video and digital images.

We have read the California State PTA's Parent/Guardian Approval and Consent to Treatment and agree with all of the guidelines. My child has permission to attend the California State PTA convention in Ontario, CA on April 27-29, 2018.

Signatures

Parent/Guardian: _____ Date _____

Print Parent/Guardian Name: _____

Parent/Guardian: _____ Date _____

Print Parent/Guardian Name: _____

Address: _____ City/Zip _____

Home phone: _____ Cell phone: _____

Name and address of alternative person to be notified in case of an emergency:

Name: _____

Address: _____ City/Zip _____

Home phone: _____ Cell phone: _____

*Completed form **MUST** accompany students to convention under 18 years of age and is to be filed with the California State PTA registration chairman before the start of the convention.*