

# THIRTY-THIRD DISTRICT



everychild.one voice.

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Council \_\_\_\_\_

Unit \_\_\_\_\_

## Parent's Approval and Consent to Treatment

Sacramento Safari  
March 9 – 11, 2010

\_\_\_\_\_ has my (our) permission to attend the Thirty-  
(Print legal name of minor)  
Third District PTA Sacramento Safari in Sacramento from March 9 – 11, 2010 leaving  
\_\_\_\_\_ the morning of March 9 by air and returning to \_\_\_\_\_ the evening of  
March 11 by air.

In consideration of the benefits to be derived by my (our) \_\_\_\_\_ from  
(son, daughter, ward)  
participation in said event, I (we) as parents or guardians of the minor, consent to the  
participation of said minor in said event and do hereby for my \_\_\_\_\_,  
(son, daughter, ward)

myself, my heirs, executors and administrators remise, release and forever discharge the  
California Congress of Parents, Teachers, and Students, Inc., Thirty-Third District PTA, council  
PTA, the local PTA, 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 hereby certify that the minor is my \_\_\_\_\_, and that his/her date of birth is  
(son, daughter, ward)

\_\_\_\_\_ 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, including any x-ray examination, anesthetic, medical or surgical diagnosis or  
treatment, and hospital service that may be rendered to said minor, under instructions of the  
president of the Thirty-Third District PTA or his or her agent, as agent(s) for the undersigned. It  
is understood that this consent is given in advance of any specific diagnosis of treatment being  
required, but is given to encourage those persons having 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 conditions which should be made known to a treating  
physician (if none, please write the word "none"):*

\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency during Sacramento Safari it may be necessary to take your minor to a hospital. Please provide the following information, if insured:

Family physician \_\_\_\_\_ Phone number \_\_\_\_\_

Health Plan/Provider \_\_\_\_\_ Group number \_\_\_\_\_

Is your minor presently taking any medications? \_\_\_\_\_ Explain \_\_\_\_\_

**Thirty-Third District PTA requires that all minors travel with proof of insurance**

Signature(s) of parent(s) or guardians(s)

1. _____	2. _____
Signature	Signature
_____	_____
Address	Address
_____	_____
City and zip code	City and zip code
_____	_____
Home and Cell telephone numbers	Home and Cell telephone numbers

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

_____	_____
Print name	Date
_____	_____
Address	City and zip code
_____	
Home and Cell telephone numbers	

Students must be aware that they represent their school, PTA/PTSA, and Thirty-Third District PTA and are expected to behave in an appropriate manner at all times. The Thirty-Third District PTA president or agent, in consultation with the student's chaperone, shall determine if contact with the parent(s) or guardian(s) becomes necessary. Any cost relating to inappropriate behavior shall be the responsibility of the parent(s) or guardian(s).

\_\_\_\_\_  
Student signature

The completed form **must** accompany the reservation application of any student participant under 18 years of age and is to be filed with the Thirty-Third District PTA president before the start of said event.