

THIRTY-THIRD DISTRICT



everychild.one voice.

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PARENT/GUARDIAN APPROVAL AND CONSENT TO TREATMENT FORM

37th SACRAMENTO SAFARI

March 18 - 20, 2012

Print Student Name : _____ Cell Phone: _____

Date of Birth: _____ Council PTA: _____

I (we), as parent(s) or guardian(s) of the above-named minor, consent to the participation of said minor in the Thirty-Third District PTA Sacramento Safari 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 Thirty-Third District 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 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 Thirty-Third District PTA or her/his 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 the following allergies, medicine reactions or unusual physical condition which should be made known to the 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.**

PHOTOGRAPHY RELEASE

By registering and attending Thirty-Third District PTA Sacramento Safari 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, video, and digital images of you and your guests taken while in attendance at the Thirty-Third District PTA Sacramento Safari and/or orientations for Sacramento Safari. By registered for or attending Thirty-Third District PTA Sacramento Safari 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 Thirty-Third District PTA Sacramento Safari Parent/Guardian Approval and Consent to Treatment and agree with all of the guidelines. My child has permission to attend the Thirty-Third District PTA Sacramento Safari in Sacramento, California from March 18 – 20, 2012 leaving _____ the morning of March 18 by air and returning to _____ the evening of March 20 by air.

Family Physician _____ Phone Number _____

Health Plan/Provider _____ Group Number _____

Is your minor presently taking any medications? _____

If so please list medications, doses and reason for medication:

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: _____

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 Sacramento Safari Chairman before the start of said event.