

Walter Hays Elementary School PTA

1525 Middlefield Road • Palo Alto, CA 94301 • Tel (650) 322-5956 • Fax (650) 329-8713 • www.hays.pausd.org

Parent's Approval and Student Waiver Form

I (we) give permission for the following students to participate in all PTA-sponsored events for the school year 2018-2019

Name (First and Last):	Grade:	Teacher:

The undersigned parent or guardian assumes all risks in connection with the student's participation in this event. I (we) hereby release and discharge the California State PTA, Walter Hays PTA, all PTA officers, employees and agents from all liability, claims or demands for any damage, loss or injury to the student, the student's property, or parent property in connection with participation in these activities, unless caused by the negligence of the PTA.

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. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I (we) hereby advise that the above named minor(s) has/have had the following allergies, medical reactions or unusual physical condition which should be made known to a treating physician which could limit participation:

Name:	Condition:

Parent/Guardian Signature

Date

Print Parent/Guardian Name

Phone

Address

City

State

Zip