

**Utah PTA and PTSA
PARENT/GUARDIAN CONSENT FORM FOR AN ACTIVITY**

Each youth participant must present a signed permission slip in order to attend

Activity Type _____ Location _____
 Dates _____ Leader in Charge _____
 Leave From _____ Time _____ AM/PM
 Return To _____ Time _____ AM/PM
 Items to Bring _____

Questions? Please contact Todd Hougaard, Utah Student Leadership Commissioner, todd@utahpta.org

APPROVAL

Complete, Sign and Return by (Date) _____

My son/daughter has permission to attend the Utah PTA/PTSA trip or activity on (dates) _____

Full Name of Participant _____
 Address _____ City, State, Zip _____
 Birthdate (month/date/year) _____
 Has approval to participate in (Name of Trip/Activity/Outing) _____
 Medications/Restrictions/Special Considerations (if any): _____
 Insurance Company _____ Policy Number _____
 Physician's Name _____ Phone Number _____

HOLD HARMLESS AGREEMENT

I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the Utah PTA/PTSA and other organizations associated with the activity for any and all claims or liability arising out of this participation.

MEDICAL TREATMENT RELEASE

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

PHOTO RELEASE AGREEMENT

I also give permission to the Utah PTA/PTSA to photograph the image of my child for the purposes of publicity, reports, and/or promotion. I understand and agree that these audio, video, film and or print images, comments, and quotes may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees.

Parent/Guardian Signature _____ Date _____
 Home/Business Phone _____ Cell Phone _____
 Alternate Contact _____ Relationship _____
 Home/Business Phone _____ Cell Phone _____