

PARENT/GUARDIAN CONSENT FORM FOR AN ACTIVITY
Each youth participant must present a signed permission slip in order to attend

DATE	LOCATION
PTA LEADER	
LEAVE FROM	TIME
RETURN TO	TIME
ITEMS TO BRING	
APPROVAL DATE	
MY SON/DAUGHTER HAS PERMISSION TO ATTEND THE UTAH PTA/PTSA TRIP OR ACTIVITY ON _____	
FULL NAME OF PARTICIPANT	
ADDRESS	CITY, STATE, ZIP
BIRTHDATE	GRADE IN SCHOOL
MEDICATIONS / RESTRICTIONS / CONSIDERATIONS	
INSURANCE COMPANY	POLICY NUMBER
PHYSICIANS NAME	PHYSICIAN PHONE

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 NAME	
SIGNATURE	DATE
PHONE 1	PHONE 2
ALTERNATE CONTACT	RELATIONSHIP
PHONE 1	PHONE 2