PUCKETT'S MILL PTA
PARENT/GUARDIAN APPROVAL AND STUDENT WAIVER

_____ has permission to participate in
(Name of minor)

_____ has permission to participate in
(Name of minor)

PMES Parents' Night Out @ Dacula Dojo on ___Saturday, Feb. 23, 2019
(Event or Activity) (Date)

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) son/daughter/dependent remise, release and forever discharge Puckett's Mill Elementary PTA and all Puckett's Mill Elementary PTA officers, employees and agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of referred. I hereby certify the minor is my (our) son/daughter/dependent and that his/her date of birth is _____.

And I (we) do hereby certify that to the best of my (our) knowledge and believe 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 that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "none".)

_____
_____
_____

1. _____ _____
Signature Print Name

_____
Address City Phone

Alternate Adult Contact: (Print Name, Address, City, Phone)
_____