

PARENT’S APPROVAL AND STUDENT WAIVER

_____ has permission to participate in the H. Allen Hight Elementary School’s (Cheetah) PTA-sponsored **2022 Cheetah 5th-Grade Grad Night**.
Name of Student

The undersigned parent or guardian assumes all risks in connection with the student’s participation in this Cheetah PTA-sponsored event. I (we) hereby release and discharge the California State PTA, all PTA/Cheetah 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’s property in connection with participation in these activities, unless caused by the negligence of the Cheetah PTA.

I do hereby certify that, to the best of my (our) knowledge and belief, said student is in good health.

The student **may** receive emergency medical attention by medical staff and/or a duly licensed physician by calling 911:
Yes No (check one).

If the persons listed below in the **Emergency Medical Information** section cannot be reached, medical care **may** be obtained from the emergency hospital of the chaperones’ choice: Yes No (check one).

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

I hereby advise that the above named student has had the following allergies (**include food allergies**), medicine reactions, or unusual physical condition which should be made known to a treating physician or which could limit participation (**if none, please write “none” below**):

- **Medication cannot be administered without parental permission. If medication is needed during the 2022 Cheetah 5th-Grade Grad Night, please send an attached note with the medication instructions signed by the parent with a phone number for contact (parents will be contacted for verification). All prescription medication must be in original containers, in a baggy with student’s name on it, and must be given to a Grad Night chaperone for safe-keeping. Security will hold the medication for your student in a designated area. Any student needing medications that must be carried, such as asthma inhalers, Epi-pens, etc., must have a signed parent note to this effect.**

Statement of Photo Release:
I hereby grant permission to Cheetah PTA to use my student’s photograph on its social media or printed publications without further consideration. I also understand that once my student’s image may be posted on the Cheetah website and social media, and, the image may be downloaded by any computer used on or off campus. Yes No (check one)

Parent/Guardian Signature Date

Print Name (_____) Phone Number

Address City State Zip

Emergency Medical Information

Should student become ill or injured during this event, parent(s) or guardian(s) will be notified first.

In the event of an emergency, I/we can be reached at the following phone numbers:

Parent/Guardian: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Personal Physician’s Name: _____ Phone: _____

Health Plan /Insurance Co.: _____ Health Plan No.: _____