

**STUDENT BOARD MEMBER PARENT/GUARDIAN  
APPROVAL AND CONSENT TO TREATMENT  
AND EMERGENCY CONTACT**

\_\_\_\_\_ has my/our permission to attend the California State PTA  
(Name of Minor)  
Board of Managers meetings/conventions/activities from July 1, 20\_\_\_\_ through June 30, 20\_\_\_\_. In  
consideration of the benefits to be derived by my/our (son/daughter/ward)  
\_\_\_\_\_ from participation in the board  
meetings/conventions/activities, I/we, as parent(s) or guardian(s) of the minor, consent to the participation of said  
minor in said meetings/conventions/activities and do hereby for my/our (son/daughter/ward)  
\_\_\_\_\_, myself, my heirs, executors and administrators remise,  
release and forever discharge the California Congress of Parents, Teachers, and Students, Inc., the local  
PTA/PTSA, council (if in council) and district; and all PTA officers, employees, and agents of each of the  
foregoing, acting officially or otherwise, from any and all claims, demands, actions or causes of action on account  
of the death or any injury to said minor which may occur by reason of the activity referred. I hereby certify that  
the minor is my \_\_\_\_\_ (son/daughter/ward) and that his/her date  
of birth is \_\_\_\_/\_\_\_\_/\_\_\_\_, and 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,  
including any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital service that  
may be rendered to said minor, under the instructions of the president of the California State PTA or his/her agent,  
as agent(s) for the undersigned. It is understood that this consent is given in advance of any specific diagnosis or  
treatment being required, but is given to encourage those persons who have temporary custody of my child to  
exercise their judgment as to the requirements of such diagnosis or medical or surgical treatment. It is further  
understood that the undersigned will assume full responsibility for any such action, including payment of costs. I  
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.")

**Signature(s) of parent(s) or guardian(s)**

\_\_\_\_\_  
Print name of minor

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Religion (optional)

\_\_\_\_\_  
Additional parent/guardian signature (optional)

\_\_\_\_\_  
Address of parent/guardian

\_\_\_\_\_  
City & Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone Cell Telephone

**The above named parent(s)/guardians(s) will be notified in case of emergency.**

**Provide an alternate name and address in case of an emergency if parent(s)/guardian(s) cannot be reached:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & Zip Code

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Telephone Cell Telephone

Dated \_\_\_\_\_

This form **MUST** be completed for students under 18 years of age by the student's parent/guardian and be submitted to the California State PTA office before the start of the first attended Board of Managers meeting/convention/activity.