**Parent’s Approval and Student Waiver**

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of birth \_\_\_\_\_\_\_\_\_\_\_

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of birth \_\_\_\_\_\_\_\_\_\_\_

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of birth \_\_\_\_\_\_\_\_\_\_\_

My child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date of birth \_\_\_\_\_\_\_\_\_\_\_

Has my permission to participate in the Patton PTA Family Pool Party on Saturday, April 14 at Olympic Indoor Swim Center.

I, as parent or guardian, do hereby for my own child, myself, my heirs, executors, and administrators, remise, release and forever discharge Patton Elementary PTA and all PTA officers, employees, and Illinois PTA agents of each of the foregoing, acting officially otherwise, from any and all claims, demands, actions or causes of action on account of my child.

I understand that the adult who brings my child to the pool party will stay on premises for the entire time my child is in the pool.  This is not a drop-off event.

I understand that my child must follow the rules of the pool and instructions of the lifeguards.

I do hereby certify to the best of my knowledge and belief that my child 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.

My child 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’.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature:                    Parent Printed Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contact Name and Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_