

BELLS MILL ELEMENTARY SCHOOL PARENT TEACHER ASSOCIATION

8225 Bells Mill Road
Potomac, MD 20854

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in on _____ on _____ at Bells Mill Elementary School.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our) Myself, my (our) student heirs, executors and administrators, remise, release and forever discharge **Bells Mill Parent Teacher Association** and the **Free State Parent Teacher Association**, and all 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.

And I hereby certify the minor is my (our) student and that his/her date of birth is _____.
(Date of Birth)

And I (we) do hereby certify that to the best of my (our) knowledge and belief 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".)

Allergies, medicine reactions or unusual physical condition which should be made known to a treating physician:

Signature _____

Print Name _____

Address _____

Phone _____

Signature _____

Print Name _____

Address _____

Phone _____

Alternate Adult Contact:

Signature _____

Print Name _____

Address _____

Phone _____