

PARENT'S APPROVAL AND STUDENT WAIVER

_____ has my (our) permission to participate in
Name of Minor

_____ on _____
MCHS Grad Nite June 11-12, 2009
Event or Activity Date

at _____ from _____ to _____
Mt. Carmel High School 9:00 p.m. 5:00a.m.
Location Beginning Time Ending Time

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my (our), _____
Son, Daughter

myself, my (our) heirs, executors and administrators, remise, release and forever discharge
MCHS PTSA, Palomar Council, Poway Unified
PTA Unit PTA Council PTA District

and the California State PTA, and all 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) _____

and that his/her date of birth is _____ 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.")**

1. _____
Signature Print Name

Address City Phone

2. _____
Signature Print Name

Address City Phone

Alternate Adult:

Signature Print Name

Address City Phone

Return to: Gina Webb 13060 Entreen Ave. San Diego, CA 92129