

Tennessee PTA Storms the Hill 2025 EMERGENCY CONTACT INFORMATION & PHOTO CONSENT

Name: _____
First Last

School/Group Name: _____ Participant's Age _____

Phone: _____

Address: _____
Street City, State Zip Code

Parent/Guardian Name _____
First Last

Parent/Guardian Mailing Address (if different) _____

Parent/Guardian Phone (home, mobile, etc.) _____

Name of alternative person to contact in case of emergency: _____

Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Please indicate allergies or special health problems/concerns. _____

Are there specific medicines that you should not take? Yes No _____
 If so, please indicate such medicines.

The student named above has my permission to travel with the above-named group to participate in the Tennessee PTA Storms the Hill Day in Nashville, TN on Tuesday, March 25, 2025. In the event of emergency, I understand that every effort will be made to contact me or the individual(s) listed above. However, I give my permission for the student named above to be treated by competent medical personnel as a result of any accident or medical emergency while involved with this activity and any related activities.

The student named above can participate with reasonable accommodations: Yes No

If no, please describe accommodations special needed: _____

Please complete and sign the permission statement below in order for your child to participate. Return signed copy to the sponsoring school/group named above. Please keep a copy of this statement for your records.

I authorize _____ to participate fully in Tennessee PTA Storms the Hill, March 25, 2025.
(Student's first and last name)

I have read and understand the commitment required for full participation and agree to support my child's involvement.

Parent/Guardian Print Name _____ **Signature** _____ **Date** _____

 I give my consent for use of pictures from this student's involvement with these activities for publicity and promotional purposes.

(Parent/Guardian Printed Name) **(Signature for use of pictures)** **(Date)**



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