



Problem Gambling Awareness Movie Project

Permission Slip

**Grade:	**
Name:	Home #
Home Address:	
Parent work #	Parent Cell Number #
Emergency Contact:	Emergency #
Emergency Contact:	Emergency #
	Introduction September 17 th , 2014 4:00pm Tue-Wed-Thur 4:00pm-7:00pm (4-6 Weeks)
Movie Project (Initial in box)	child to participate in activities and/or events for the Tulalip Tribes Youth Services at my child is expected to display appropriate and respectful behavior to self, peers & staff.
	ission for my child to travel in vehicles operated by: Youth Services staff, or by public transit and/or private transportation companies.
I understand that the activity.	at my child is expected to be present at the listed check-in times in order to participate in
qualified staff members of the Tu ambulance, treated by aid car pe In event I cannot be con reatment and procedures to be fouth Services, when deemed in vaive my right of informed conse	I am the parent or legal guardian of the above-named child and that I have authority to
	egal Guardian Signature Date
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Medical Doctor:	

ALL ACTIVITIES SPONSORED BY THE TULALIP TRIBES YOUTH SERVICES DEPARTMENT

are DRUG, ALCOHOL & TOBACCO FREE EVENTS.