

**Youth Services
Permission Slip
Grades 6th-12th**

Name: _____ **Birth Date:** _____ **Grade** _____

Acceptance Participation:

I hereby give permission for my child to participate in all activities regarding Youth Services, and travel in vehicles operated by the Tulalip Tribes Youth Service staff, by public transit, and/or private transportation companies.

I give my permission for my child to participate in: (Please initial where applicable)

Youth Services' 6th-12th grade Spring Break Camp 2019

Parent Initial _____

I and my child understand that this is a drug and alcohol free event. We understand there will be **NO BACKPACKS, PURSES, OR BAGS** permitted on the trip with no exceptions.

Parent Initial _____ Youth Initials _____

Medical Treatment:

I hereby give permission that my child may be given emergency treatment, including first aid and CPR, by staff members of the Tulalip Tribes Youth Service Staff. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In event I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care treatment and procedures to be performed for my child by a license physician or hospital selected by the Tulalip Tribes Youth Service Manager when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify (or declare) that I am the parent or legal guardian of the above-named child and that I have authority to authorize such activities and actions.

Parent/Legal Guardian Signature _____

Date _____

Address: _____

Home # _____

Cell # _____

Alt. # _____

Medical/Food allergy notes:

Tulalip Youth Services Registration



Youth full name:	
Date of birth:	Age:
Address:	
School youth attends:	

Contact Information

Youth Contact #:	Youth Email:
Parent/Guardian:	Parent/Guardian:
Emergency Contact:	Emergency Contact:

Medical Information

Allergies:
Special medical conditions or medications that Tulalip Youth Service staff should be aware of:

I give permission for my child to participate in all Tulalip Youth Service programs at the Tulalip Youth Center. In the event of a medical emergency, I give my permission for the staff of the Tulalip Youth Service Department to seek medical attention for my child.

Parent/Guardian Signature:	Date:
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I give permission for _____ to attend any and all Youth Services outings/activities for the year 2018. Youth Services will remind the youth named above to contact parent/guardian prior to leaving the facility; however, we are not responsible for miscommunication between youth and guardian. This permission slip is also valid for van rides.

Parent/Guardian Printed Name:	Date:
Parent/Guardian Signature:	

<p><i>Would you be interested in volunteering at the Tulalip Youth Service Department? If so, what are you interested in assisting with? (Daily programs, field trips, spring break, summer camp)</i></p>
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