

Youth Services
Summer Programs & Outings 2019

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 all summer programming and activities that may be of campus.

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. I also acknowledge that I understand the outing(s) I am allowing my child to participate in.

Parent/Legal Guardian Signature

Date

Address: _____

Home # _____

Cell # _____

Alt. # _____

Medical/Food allergy notes:

