

Tulalip Boys & Girls Club of Snohomish County

Parent Authorization Form

Child's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Acceptance: I hereby give my permission for my child to participate in any Tulalip Boys & Girls Club Activity. Ie: Field trips, including but not limited to Movies, walks, etc., for the 2009/2010 Multi Media program.

I hereby give permission for my child to participate in all activities and field trips; I also give permission for my child to travel in vehicles operated by the Boys & Girls Clubs staff, by public transit, and/or private transportation companies.

Medical Treatment:

I hereby give permission that my child may be given emergency treatment, including first aid and CPR, by qualified staff members of the Boys & Girls Clubs. 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 the 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 licensed physician or hospital selected by the Boys & Girls Clubs director 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/phone #

\_\_\_\_\_  
Date

Emergency number(s) \_\_\_\_\_