



Stillaguamish Tribe of Indians

Youth Services Department

24308 55th Ave NE

Arlington, WA 98223

True to Their Traditions as "Canoe Indians"

Spring Break Activities Permission/Informed Consent Form

I hereby give my permission for *(Name of Student)* _____ who attends *(School Name)* _____ to participate in all listed activities during Spring Break week (with the exception of the following:

_____).

STAFF CONTACT: Name: Rowan Hindle Phone Number: (360) 722-9624

Transportation for this activity will be provided by: *Stillaguamish Youth Services Department*
Food will be provided each day!

MEDICAL/EMERGENCY INFORMATION

Student home phone #: _____ Date of Birth: _____

Address: _____

Physician's Name: _____ Phone #: _____

Does the student have any medical or physical conditions, medication information, or allergies which could interfere with his/her safety? YES/NO If yes, please list here:

In the event of an emergency (injury, illness, unforeseen incident), I wish for the following person to be notified in case I cannot be contacted:

Name: _____ Relationship: _____

Phone #: _____ Alternate phone #: _____

INFORMED CONSENT

As the parent/guardian of the above named student, I understand that there are risks of physical injury associated in participation with field trip activities.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the education staff-in-charge to obtain emergency care for my child, neither he/she nor the education department assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

These activities are an extension of the education department and student conduct is to be in accordance with their published rules and regulations.

Signature of parent/guardian

Date

Printed name of parent/guardian

Parent/guardian work phone

Cell phone

I pledge that my conduct will, at all times, reflect credit upon myself, my parents, and my tribe. I understand that the education department's rules of conduct apply while on the trip.

Signature of student _____ ***Date*** _____