



Permission Slip

Site: Nazzaro Center

I hereby authorize my son/daughter _____
to participate in the following Boston Centers for Youth & Families activity.

In the event of a serious illness or injury, I express my consent for the administering of emergency medical care, including anesthesia. I understand that the staff of Boston Centers for Youth & Families will make every effort to contact me first in the event of an emergency. I will not hold the Boston Centers Youth & Families staff responsible for such injury.

On **November 19, December 10, 2019** I authorize my child to participate in a science activity to the
Date of Activity/Field Trip

North End Public Library

Print Name of Activity/Field Trip

We will meet at the Nazzaro Center at **3:30** and walk over to the library. The activity **begins at 4pm.** We will **remain at the library until 5:40.** Parents will be able to pick them up early if they need to.

Does your child have permission to walk home alone from the library after the activity? YES or NO
Please circle one

Will you or will someone else be picking up your child after the Science activity? Self or Other
Please circle one

Please provide their Name & phone number of the person who is picking up your child:

Name: _____ Number: _____

Parent/Guardian Signature

Date:

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #1: _____

Home Phone: _____ Cell Phone : _____