



**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 January 17, 2020 I authorize my child to participate in Movie Night at the  
Date of Activity/Field Trip

Nazzaro Community Center  
Print Name of Activity/Field Trip

**Movie Night will be from 7-9pm.** Please do not have your children arrive before 6:45pm for the movie and also, please be on time for Pick-Up.

**BCYF Nazzaro Center will not allow children to walk home from the event without adult supervision.**

Other than self, who has permission to pick up your child.-----

**Once again, please do not have your child/ren arrive before 6:45pm**

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Person #1: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_