



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 **February 19, 2020** I authorize my child to participate in an event that the Nazzaro Center is hosting.
Date of Activity/Field Trip

Friday Night Bingo

Print Name of Activity/Field Trip

Bingo will be held at Nazzaro Center from **6:30-8:30**
Time of Event

Does your child have permission to walk home alone after Bingo ? YES or NO

Please circle one

Will you or will someone else be picking up your child after Bingo? Self or Other

Please provide the Name & phone number of person picking up child: Name: _____ Number: _____

Parent/Guardian Signature

Date

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #1: _____

Home Phone: _____ Cell Phone: _____