



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 21, I authorize my child to participate in **Sports Night**
Date of Activity/Field Trip

at Nazzaro Center Gymnasium
Print Name of Activity/Field Trip

The time for this event is 6:30-9pm

Does your child have permission to walk home from the the Nazzaro Center? Yes Or No

Please circle one

Please list who has permission to pick up your child.. _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #1: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person #2: _____

Home Phone: _____ Cell Phone: _____