



**BOYS & GIRLS CLUBS
OF STANTON**



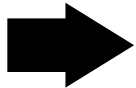
ADVENTURE TIME CLUB - FIELD TRIP PERMISSION SLIP

TRIP _____ COST _____

DATE _____ LEAVE _____ RETURN _____

BRING _____

PARENTS, PLEASE READ



IF YOUR CHILD DOES NOT OBEY OUR RULES, HE/SHE WILL NOT BE ALLOWED ON FURTHER TRIPS!

MEMBERS NAME _____

I GIVE MY/OUR CONSENT FOR HIS/HER PARTICIPATION OF FIELD TRIP DESCRIBED ABOVE WITH THE BOYS & GIRLS CLUB OF STANTON AND GIVE MY/OUR CONSENT TO HIS/HER BEING GIVEN ANY EMERGENCY MEDICAL TREATMENT BY A PHYSICIAN OR HOSPITAL IN CASE OF AN ACCIDENT OR ILLNESS. THIS AUTHORIZATION WILL REMAIN EFFECTIVE UNTIL _____ DATE.

PARENT/GUARDIAN SIGNATURE

HOME PHONE NUMBER

WORK PHONE NUMBER

EMERGENCY CONTACT

EMERGENCY CONTACT NUMBER

TRIP & DATE _____