



**BOYS & GIRLS CLUBS
OF STANTON**

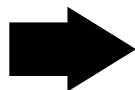
ADVENTURE TIME CLUB - FIELD TRIP PERMISSION SLIP

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 _____