

Tulalip Education
PRESENTS

Permission slips
required!
Available at the front desk

2024

SPRING BREAK

ALL 6TH-12TH GRADERS WELCOME!
BREAKFAST & LUNCH SERVED DAILY

FIRST 65 YOUTH DAILY
BUILDING HOURS: 8AM-5PM

APR 01	11:00 AM	BINGO	DON HATCH GYM
APR 02	10:00 AM	MOVIES	REGAL CINEMAS
APR 03	10:00 AM	ARCADE	DAVE & BUSTERS
APR 04	10:00 AM	SKATING	SKAGIT SKATING
APR 05	10:00 AM	BOWLING	ANGEL OF THE WINDS

FACEBOOK: TULALIP EDUCATION DIVISION

YOUTH ACTIVITIES@TULALIPTRIBES.NM.NC.NM





Education Division
Permission Slip
Spring Break 2024
**Grades 6th-12th **

Name: _____ Birth: _____ Grade _____

Youth Contact: _____ Youth Email: _____

Acceptance Participation:

I hereby give permission for my child to participate in all activities regarding Youth Services, and travel in vehicles operated by the Tulalip Tribes Youth Service staff, by public transit, and/or private transportation companies.

I give my permission for my child to participate in: (Please initial where applicable)

Youth Services' 6th-12th grade **Spring Break 2024**

Parent Initial _____

I and my child understand that this is a drug and alcohol free event. We understand there will be NO BACKPACKS, PURSES, OR BAGS permitted on the trip with no exceptions unless deemed necessary.

Parent Initial _____ Youth Initials _____

Medical Treatment:

I hereby give permission that my child may be given emergency treatment, including first aid and CPR, by staff members of the Tulalip Tribes Youth Service Staff. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center for treatment.

In event I cannot be contacted, I further authorize and consent to the medical, surgical and hospital care treatment and procedures to be performed for my child by a license physician or hospital selected by the Tulalip Tribes Youth Service Manager when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

I certify (or declare) that I am the parent or legal guardian of the above-named child and that I have authority to authorize such activities and actions.

Parent/Legal Guardian Signature: _____

Date: _____

Parent/Legal Guardian Printed Name: _____

Date: _____

Parent/Legal Guardian Email: _____

Address: _____

Home # _____

Cell # _____

Emergency # _____

Medical/Food allergies

Epi Pen? Yes ____ No ____