



Holmes Tuttle Clubhouse  
2585 E. 36th Street  
622-0694  
Peter Kang  
Clubhouse Director

Steve Daru Clubhouse  
1375 N. El Rio Drive  
792-0331  
Yvonne Nelson  
Clubhouse Director

Roy Drachman Clubhouse  
5901 S. Santa Clara  
741-9947  
Bill Dawson, Jr.  
Clubhouse Director

Pascua Yaqui Clubhouse  
5010 W. Calle Torim  
883-8172  
Lynette Sol  
Clubhouse Director

Frank & Edith Morton Clubhouse  
3155 E. Grant Rd.  
325-8400  
Daniel Miranda  
Clubhouse Director

Jim & Vicki Click Clubhouse  
1935 S. Columbus  
300-5715  
Corey Cravens  
Clubhouse Director

PERMISSION SLIP FOR THE CLUBHOUSE MARKED ABOVE

POST THIS HALF ON YOUR REFRIGERATOR

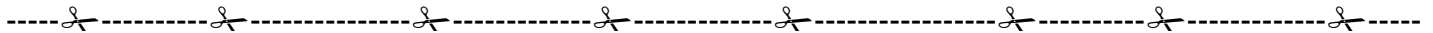
FIELD TRIP: \_\_\_\_\_

DATE OF TRIP: \_\_\_\_\_

DEPARTURE TIME: \_\_\_\_\_

RETURN TIME: (APPROXIMATELY) \_\_\_\_\_

THINGS TO BRING: \_\_\_\_\_



FIELD TRIP: \_\_\_\_\_ DATE OF TRIP: \_\_\_\_\_

My son/daughter \_\_\_\_\_ has my permission to participate in the above program of the Boys & Girls Clubs of Tucson. (clubhouse indicated above)

**IN CASE OF AN EMERGENCY:**

I (We) the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_ a minor, do hereby authorize and consent to any X-ray examination, anesthetic medical, or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMERGENCY # \_\_\_\_\_



Holmes Tuttle Clubhouse  
2585 E. 36th Street  
622-0694  
Aaron Mansfield  
Clubhouse Director

Steve Daru Clubhouse  
1375 N. El Rio Drive  
792-0331  
Yvonne Nelson  
Clubhouse Director

Roy Drachman Clubhouse  
5901 S. Santa Clara  
741-9947  
Bill Dawson, Jr.  
Clubhouse Director

Pascua Yaqui Clubhouse  
5010 W. Calle Torim  
883-8172  
Lynette Sol  
Clubhouse Director

Frank & Edith Morton Clubhouse  
3155 E. Grant Rd.  
325-8400  
Daniel Miranda  
Clubhouse Director

Jim & Vicki Click Clubhouse  
1935 S. Columbus  
Corey Cravens  
Clubhouse Director

PERMISO PARA EL CLUB MACADO ARRIBA

PONGA ESTA MITAD SOBRE EL REFRIGERADOR

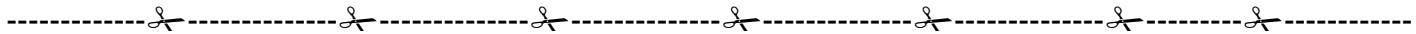
VIÀJE: \_\_\_\_\_

FECHA DE VIÀJE: \_\_\_\_\_

TIEPO DE SALIDA: \_\_\_\_\_

TIEMPO DE REGRESO: (APROXIMADAMENTE) \_\_\_\_\_

COSAS PARA TRAER: \_\_\_\_\_



VIÀJE: \_\_\_\_\_ FECHA DE VIÀJE: \_\_\_\_\_

MI hijo/hija \_\_\_\_\_ tiene mi permiso para participar en el programa del Boys & Girls Club Clubs de Tucson. (El club indicado arriba)

**EN CASO DE EMERGENCIA**

Yo (nosotros) el padre (los padres) o guardianes legales de \_\_\_\_\_ les doy permiso a cualquier examen de la radiografía el diagnóstico anestésico medico o quirúrgico rindió bajo general o supervisión especial de cualquier personal medico licenciados bajo de la medicina licenciado bajo las provisiones del Acto de la practica de la Medicina o un dentista licenciados bajo de Las provisiones Acto de la practica Dental y cualquier hospital licenciada por el Departamento de estado de la salud Publica. Se entiende que esta autorización sé rinde avance de algún diagnóstico especifico el tratamiento pero se da la autoridad y el poder de rendir el cuidado que él medica rejerido en el ejercicio de su mejor juicio creer conveniente. Se entiende que el esfuerzo se hará para contactar los padres o guardianes legales antes del tratar a mi hijo/hija, pero que el tratar a miento no será retenido si no nos puede alcanzar.

PADRE: \_\_\_\_\_ FECHA: \_\_\_\_\_

TELEFONO #: \_\_\_\_\_ EMERGENCIA # \_\_\_\_\_