



**BOYS & GIRLS CLUBS
OF WESTERN NEVADA**

22/23 TRANSPORTATION PERMISSION SLIP

Please Note: As a protection to your child, this form must be completed and signed by a parent or guardian before your child attends the Boys & Girls Clubs of Western Nevada.

_____, AGE _____, SCHOOL _____
(Name of Child)

has my permission to be transported from their school to the Boys & Girls Clubs of Western Nevada in Club vehicles. Signing of this slip will also grant permission for your child to be transported for BGCWN authorized trips. Transportation is only available to Club members.

NAME OF PARENT (Please print) _____ PHONE NO. _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

In case of an emergency and we are unable to contact you, please give the name and phone number of someone we can contact: NAME: _____ PHONE NUMBER: _____.

MEDICAL RELEASE

I/We the undersigned parent(s) of _____, a minor, do hereby authorize the Boys and Girls Club of Western Nevada, its Executive Director, or whom he/she assigns as agent(s) for the undersigned to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given in addition to the provisions set forth in the Nevada Revised Statutes, (129.040).

This authorization shall remain effective until **12:01am June 1st, 2023**, unless sooner revoked in writing delivered to said agent(s).

Signature of Parent or Legal Guardian

Receipt #
(Office Use Only)

Date Received
(Office Use Only)