

**Port Gamble S’Klallam Tribe**  
**Education Department Places of Importance Permission**

I give permission for my child, \_\_\_\_\_ to participate in  
(Childs name)  
the Port Gamble S’Klallam Tribe (PGST) Education Department Places of Importance Program.

**School Name/Address:** PGST Tribe Education  
31912 Little Boston Rd Kingston WA 98346

**Destination:** Various (Primarily Tribal center, tribal beach, Bud Purser Portable, Tribal trails, Heronswood Garden, Jake Jones Park, other tribal locations).

**Dates:** October 2022 to June 2023

**Time:** Various (Generally, after schools; with some day-long sessions during school breaks)

**Medical Release**

**Medication (Parent must administer):**

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**Allergies:** (please list all food and medication):

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**Insurance Provider:** \_\_\_\_\_

**Doctor Name/Phone**

**Number/Address:** \_\_\_\_\_

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In the event of an emergency, I hereby give permission for PGST Education Department staff to seek and/or administer emergency care for my child in the event that the parent/guardian or emergency contacts cannot respond at the time of an emergency, including, emergency transportation if necessary. **(Initials)** \_\_\_\_\_

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 on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. **(Initials)** \_\_\_\_\_

I understand that in the event of an emergency, the cost incurred for medical treatment/emergency aid car for my child will be my sole responsibility.

**(Initials)** \_\_\_\_\_

**Emergency Contacts**

**Name/Phone Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Name/Phone Number:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Photos:** I give permission for staff to use photos/videos of my child that are taken during school events/trips. **(Parent/Guardian Initials)** \_\_\_\_\_

**OR (Initial the above or the below photo release)**

I refuse permission for staff to use photos/videos of my child that are taken during program events/trips. **(Parent/Guardian Initials)** \_\_\_\_\_

**Release of claims against the PGST Tribes Education Department**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-mentioned field trip. I hereby voluntarily waive, release, and forever discharge the PGST, employees, and representatives from any and all liability, actions, claims, and demands for personal injury, death, or property loss arising out of or relating to the trip. I further waive any right to bring any claims, demands, legal actions, or causes of action against the PGST, its employees, and representatives.

**I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, ON BEHALF OF MY CHILD, AND THE PORT GAMBLE S'KLALLAM TRIBES EDUCATION DEPARTMENT AND I SIGN IT ON MY OWN FREE WILL.**

**Please print Student name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please print Guardian Name:** \_\_\_\_\_

**Parent's Phone number(s):** \_\_\_\_\_

**Parent's Email(s)** \_\_\_\_\_