



# Behavioral Health Permission Slip

I hereby give my permission for my child(ren) \_\_\_\_\_  
to attend the \_\_\_\_\_ with the Saginaw Chippewa Tribe's  
Behavioral Health Staff.

I also give my permission for any adult to seek any emergency attention that may be needed for my child(ren) named above while attending this activity. I waive any rights I may have against the Tribe or its employees for damages or injuries sustained through participation in this activity.

Please list any medications the above named student(s) currently take or any allergies or special circumstance the student may have.

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I have also explained to my student that this activity is a smoke, alcohol and drug free event and that the rules set forth by the Behavioral Health representatives should be followed. If any violations of these rules occur, we understand that it may result in my student(s) being suspended from participating in future events.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Emergency Phone Number

## Student

I understand this activity is smoke, alcohol, and drug free. I agree to abide by the rules set forth by the Behavioral Health representatives during this activity. I understand that if I violate this agreement that it may result in my suspension from participating in future activities.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

Please give waist measurement below if you are receiving a ribbon skirt, or shirt size for ribbon shirt. Also, give colors or theme you would like:

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