



Authorization to Provide Outreach Transportation

CLIENT NAME _____ DATE OF BIRTH ____/____/____

Authorization

I hereby give permission for my child/dependent to be transported to and from appointments and groups in vehicles operated by employees of *Tulalip Tribes' Behavioral Health & Recovery*.

I understand the Tulalip Tort Claims Act, Ordinance 122, controls in the event of any accident in route, during and returning from scheduled appointments and groups when my minor is transported by a *Tulalip Tribes' Behavioral Health & Recovery* employee for purposes of procedure and any limited waiver of sovereign immunity that may arise.

I give my permission that my child/dependent may be given emergency treatment, including first aid and CPR by qualified *Tulalip Tribes' Behavioral Health & Recovery* employees. I also give permission for my child/dependent to be examined, transported by ambulance, x-rayed, and treated by any licensed medical facility, office, hospital, or emergency facility, if in the judgment of the Behavioral Health & Recovery employees, emergency care is required to ensure the health and well-being of my child/dependent. In the 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 licensed physician or hospital selected by the *Tulalip Tribes' Behavioral Health & Recovery* director 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.

Please note: This form will remain on file and function as a general permission form until rescinded in writing by a legal guardian. Additional forms specific to events will still be required as needed.

In the event of an emergency, medical staff should be notified that my child/dependent is taking the following medications (please list):

In the event of an emergency, medical staff should be informed that my child/dependent has the following illness or allergies (please list):

Parent/Legal Guardian Signature

SIGNATURE OF PARENT/LEGAL GUARDIAN _____ DATE _____

PRINTED NAME OF PARENT/LEGAL GUARDIAN _____ RELATIONSHIP TO CLIENT _____ PHONE NUMBER FOR LEGAL GUARDIAN (____)____-____

PRINTED NAME OF CUSTODIAL GUARDIAN _____ RELATIONSHIP TO CLIENT _____ PHONE NUMBER FOR CUSTODIAL GUARDIAN (____)____-____
(If different from PARENT/LEGAL GUARDIAN)