



PERMISSION SLIP

Pathfinder Club _____

Event _____

Where:(street address) _____

When: (Date and time span if one day event or Departure and Return date and time)

Pathfinder Information

Pathfinder's name _____ Birth date _____
(print name)

Emergency Information (please print)

Parent 1 Contact Information: _____ Relation to Pathfinder _____
Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Parent 2 Contact Information: _____ Relation to Pathfinder _____
Phone Numbers: (Home) _____ (Cell) _____ (Work) _____

Emergency Contact: _____ Relation to Pathfinder _____
Phone numbers: (Home) _____ (Cell) _____ (Work) _____

PERMISSION AND EMERGENCY TREATMENT RELEASE

I (we) the undersigned grant permission for the above listed pathfinder to attend this event. I (we) understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the pathfinder staff or designee to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being. I also understand that I will not hold the pathfinder organization or sponsor responsible for any accident which might occur.

Parent's signature _____ Date _____

Photocopies Allowed: Photocopies of both Health Records and Health Care Release forms shall have the same force and effect as an original when the Club Director or Health Care Staff attests that the original form is still valid and has not been revoked by the parent or legal guardian of a minor.