



PERMISSION SLIP FOR PATHFINDER TRIP

I hereby give my permission for my child to be transported by the Pathfinder Director, or their designee, to:
Trip destination _____

Permission is valid for (trip dates): _____ Chaperone Yes ___ No ___

Child's Name _____

Address _____

City, State, Zip _____

Home Phone # _____ Emergency Phone # _____

I have discussed the field trip responsibilities with my child(ren) and understand when and where the trip will occur. I give my consent for my child(ren) to attend this trip. I agree to release and hold harmless the Seventh-day Adventist Church and their officers, agents, representative(s) and all of their affiliates, from any and ALL liability, loss, damages, claims, or actions for bodily injury and/or property damage, in accordance with current State and Federal law, arising out of participation in this trip.

MEDICAL EMERGENCY

Due to the nature of some of the activities of the event, it is also necessary for you to provide a brief medical history and insurance information. This information will help us to provide the best care for your child in case of an emergency. I hereby give my permission to the doctor selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery or injections of medications.

MEDICAL INFORMATION

Check any and all that apply.

___ Allergy to a medicine, food, plant, animal, insect or toxin

___ any condition(s) that may require special care, medication or diet

___ Asthma ___ Convulsions ___ Heart Trouble ___ Contact Lenses ___ Diabetes ___ Fainting Spells

___ Bleeding Disorders ___ Other

Explain

Other: _____

List all current medications: _____

Limitations of physical activity: _____

Insurance Provider: _____

Signature of Parent of Guardian: _____

Print Name: _____ Relationship: _____