

ADVENTURER/PATHFINDER CLUB OUTING/TRIP PERMISSION SLIP



I,	, the parent/legal guardian of
(Print Parent/Legal Guardian's Full Name)	
	, do hereby give permission for my child
(Print Child's Full Name) to attend	at
Event Name	Event Location
in,,	·
Event City or Town	Date(s)
board, and sponsored by my local Seventh-da I understand that my child will be chaperone staff member while on this trip. I have alread Health/Medical Information & Consent Form Additionally, if I am driving children to, or di my completed and signed Driver's Information Form, (which is due whether or not I am a dri	by either myself (if I am going), and/or adult leaders and clubed y completed and given to the club director, my child's m, which includes a signed consent to medical treatment. It is event, I have completed and given to the club director on Sheet, as well as my Youth Children's Ministry Volunteer viver). In the event of an emergency, medical measures will be affy the parent/legal guardian by telephone. If I am not
Parent/Legal Guardian Printed Name	Telephone Number(s)
If I cannot be reached, please call	
	Printed Name of Emergency Contact Person
Phone Number(s)	
participation in events/activities for use i	ub will be recorded using pictures, videos, and brief summaries on in club/conference websites, newsletters, marketing materials at not limited to: Facebook, YouTube, Twitter, Instagram, etc.)
Parent/Legal Guardian Signature:	
Witness Signature:	

A photocopy of this form is as valid as the original. This permission will remain in effect until the date of this event has passed, or it is revoked in writing by parent/legal guardian. You must complete one for every pathfinder outing or trip.

NOTE: MUST BE ACCOMPANIED WITH THE MEDICAL CONSENT FORM.