



**PERMISSION TO LIST MEDICAL INFORMATION ON PATHFINDER'S IDENTIFICATION CARD**

Date \_\_\_\_\_

Pathfinder Club Name \_\_\_\_\_

Church \_\_\_\_\_

Pathfinder Club Director \_\_\_\_\_

I \_\_\_\_\_ (parent or guardian) give permission for the above  
(print name)  
listed Pathfinder Club Director to list the allergies, medical considerations and  
medications for my child \_\_\_\_\_ (Pathfinder's name) on my child's  
(print name)  
Pathfinder Club identification card.

\_\_\_\_\_  
Parent or Guardian signature