



# PERMISSION SLIP

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

Event \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

## 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 \_\_\_\_\_