PATHFINDER CLUB OUTING/TRIP PERMISSION SLIP

the parent/legal guardian of

(Print Parent/Legal Guardian's Full Name)		
	, do hereby g	ive permission for my child
to attend Beach Day - College	Church Catamounts	Scarborough State
in Narragansett, RI Event City or Town	7-11-21 Date(s)	ion Seach
My child has permission to travel with the Pamy church board, and sponsored by my loca I understand that my child will be chaperone staff member while on this trip. I have alread Health/Medical Information & Consent For Additionally, if I am driving children to, or dumy completed and signed Driver's Informatic (which is due whether or not I am a driver). I every attempt will be made to notify the par own child, I may be reached at the following	I Seventh-day Adventist Church, ed by either myself (if I am going dy completed and given to the m, which includes a signed constring this event, I have complete on Sheet, as well as my Youth Chin the event of an emergency, ment/legal guardian by telephone	g), and/or adult leaders and club club director, my child's sent to medical treatment. In and given to the club director children's Ministry Volunteer Form, nedical measures will be taken, and
Parent/Legal Guardian Printed Name	Telephone Number(s)	
If I cannot be reached, please call		
	Printed Name of Emergency Contact Person	
at		
Phone Number(s)		
Please be advised that the activities of this control participation in events/activities for use in presentations, and social media (including but	n club/conference websites,	newsletters, marketing materials,
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.