

PATHFINDER ACTIVITY CONSENT FORM

Class/Organization: _____ (director fills out info to dotted line)

Outing/Destination: _____

Activities: _____

Date(s): _____

Departure time: _____

Return time: _____

(Director will notify parent/guardian immediately if unable to return on time.)

Cost: \$ _____

Other Information:

Phone number to contact director during outing/activity. _____

----- (parent/guardian below)

I hereby give permission for _____ to attend this function.

List any **current** medical problems the above named participant may have?

I give my permission to give the following prescription medication to my child that I have provided in accordance with my minor's physician. Give dosage, intervals, and other pertinent information regarding the administering of the medications.

**All prescription medications must be supplied by parents or guardians in amounts that will last at least the duration of the event the minor is attending.

Are there any restrictions to physical activity, including, but not limited to swimming, long hikes, or strenuous physical games?

Signature of Parent/Guardian

Date

Primary Phone: _____ Alternate Phone _____

(Please return this form to the person in charge if you plan on participating in the activity)

(Rev. 4-2014)