

# PATHFINDER ACTIVITY CONSENT FORM

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

Outing/Destination: \_\_\_\_\_

Activities: \_\_\_\_\_

Date(s): \_\_\_\_\_

Departure: \_\_\_\_\_

Return: \_\_\_\_\_

Cost: \$ \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

----- (parent/guardian below)

**I hereby give permission for \_\_\_\_\_ to attend this function.**

Does the above named participant have any **current** medical problems?

\_\_\_\_\_

Is he/she currently taking any medications? Please name.

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Phone Number(s): Daytime \_\_\_\_\_ Night-time \_\_\_\_\_

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

9/6/06