



PERMISSION TO LIST MEDICAL INFORMATION ON PATHFINDER'S IDENTIFICATION CARD

Date _____
Buena Vista Fireflies
Pathfinder Club Name _____
Buena Vista, VA
Church _____
Sandi Lohr
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)