

South Atlantic Conference Pathfinder Club

TRIP PERMISSION SLIP

Effective from (m/d/yr) _____ to (m/d/yr) _____

Parents: Please complete and return this form to the Club Director as soon as possible.

Date: _____

Pathfinder Club Name: _____

Child's Name: _____

My child has my permission to go on all Pathfinder Club field trips. I understand I will be informed as to the date, place, time, and cost of all Pathfinder trips. I agree to waive the right to sue the South Atlantic Conference (SAC) of Seventh-day Adventists and its sponsors and release the SAC from liability arising from any accident or injury occurring during these trips and any negligent conduct. This recognizes a shared responsibility among church, student, and home. Trips will be for SAC-sponsored events like Pathfinder Bible Experience, Area, Conference Union, and International Camporees and other events that our local club might host or participate in.

(Signature of Parent/Guardian)

(Date)

In the event of a sudden illness or accident requiring attention, my child has permission to obtain emergency medical services. During the trip, I can be reached at the following number(s):

Mother's Name: _____ Father's Name: _____

Mother Home Phone: _____ Father Home Phone: _____

Mother Work Phone: _____ Father Work Number: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Alternate Emergency Contact: _____ Phone Number: _____

Family Physician: _____ Phone Number: _____

Insurance Coverage Policy:

Please check if any of the following apply:

_____ My child needs medication. (The parent is required to furnish medication in the original, properly labeled, and correctly authorized container.)

_____ My child is allergic to insect bites to the extent that he/she needs medical treatment.

_____ My child is allergic to (medications or other):

_____ My child has special dietary requirements which I have indicated on the back of this form.

_____ My child has other special conditions you should be aware of, listed on the back of this form.

(Signature of Parent/Guardian)

(Date)