

Due

ACTIVITY CONSENT FORM

I hereby give my permission for _____ to participate in the following activity:

Activity:

Date(s):

Cost:

Where:

Leaving:
Returning:

From:
To:

Does your child have any allergies (food, insect bites, hay fever or reactions to a particular area, etc.)?

Is there any reason to restrict full activity, including, but not limited to, swimming, long hikes, or strenuous games? _____

Is your child taking any medication at present time? _____ **And what?** _____

In case of emergency, I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached, I give permission to the physician selected by the adult leader in charge to secure proper treatment for my child.

Date: _____

Signed: _____

Relationship to Pathfinder:
Phone number(s): **Daytime:**

Evening:

Cell: