



# Michiana Fil-Am Followers Pathfinder Club



## Permission Slip

I hereby give my permission for \_\_\_\_\_ (first and last name), who is a member of the Michiana Fil-Am Followers Pathfinder Club this year, to attend the following club activity:

\_\_\_\_\_

I understand that I will need to provide the cost of the trip: \$ \_\_\_\_\_

I also understand that when necessary, my child will be transported in club approved vehicles driven by club staff or approved parents to and from the activity location:

\_\_\_\_\_

Location

during these hours, on this day (these days):

\_\_\_\_\_

Time(s) & Date(s)

In the event of an emergency, I give the director of the club or his/her staff permission to seek emergency medical treatment on behalf of my child listed above. I hereby confirm that all registration, health and insurance information provided during club registration this year is still valid. If not, I have written updates below.

Health information update: \_\_\_\_\_

Contact information update: \_\_\_\_\_

Insurance update: \_\_\_\_\_

\_\_\_\_\_

Date

Detach Section Below and Keep

In the event that I need to contact my child in an emergency, I may contact one of the staff members via their cell phone:

L. Scott Baker, Director

Event Name and Location: \_\_\_\_\_

Departure Date/Time: \_\_\_\_\_

Return Date/Time: \_\_\_\_\_