



## ACTIVITY CONSENT FORM

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

Activity: \_\_\_\_\_

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

Where: \_\_\_\_\_

Leaving: \_\_\_\_\_ From: \_\_\_\_\_

Returning: \_\_\_\_\_ To: \_\_\_\_\_

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: \_\_\_\_\_