

# Pathfinder/Adventurer Club Outing/Trip

Impact Hartford, October 2-3, 2010  
Bushnell Park, Hartford, Connecticut

I, \_\_\_\_\_, the parent/legal guardian of  
(Print Parent/Legal Guardian's Full Name)  
\_\_\_\_\_, do hereby give permission for my child  
(Print Child's Full Name)

to attend Impact Hartford at Bushnell Park located in Hartford, Connecticut on Saturday-Sunday, October 2-3, 2010. My child has permission to travel with the Pathfinder Club trip leaders and drivers selected and approved by my church board, and sponsored by my local Seventh-day Adventist Church. I understand that my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff member while on this trip. **I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.** Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed **Driver's Information Sheet**, as well as my **Volunteer/Staff Information & Voluntary Disclosure Form**, (which is due whether or not I am a driver).

In the event of an emergency, 911 will be activated, and every attempt will be made to notify the parent/legal guardian by telephone. If I am not accompanying my own child, I may be reached at the following number.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name Telephone Number(s)

If I cannot be reached, please call \_\_\_\_\_  
Printed Name of Emergency Contact Person  
at \_\_\_\_\_  
Phone Number(s)

Parent/Legal Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must accompany the club director to Impact Hartford, along with a copy of the completed and signed health/medical consent form.**

A photocopy of this form is as valid as the original. This permission will remain in effect until the date of this event has passed, or until it is revoked in writing by the parent/legal guardian.