Kansas-Nebraska Conference Pathfinder Club TRIP PERMISSION SLIP

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

Parents: Please complete and return 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 Kansas-Nebraska (KS-NE) Conference of Seventh-day Adventists and its sponsors and release the KS-NE Conference 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 KS-NE Conference sponsored events like Bible Bowl, Area, KS-NE Conference (Union or World) Camporee’s and other events that our local club might host or participate in.

***(Signature of Parent/Guardian) (Date)***

**In the event of 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. (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)***