

Pilgrim Pathfinders
Permission and Emergency Contact Form

I, _____, grant permission for my son/daughter, _____, to participate in Pilgrim Pathfinder Youth events and leave the church grounds throughout the coming 2014-2015 school year (September-May). I understand that I will need to, at times, complete individual forms for specific events.

Allergies (food and otherwise):

Medications (any and all that may need to be taken):

Medical conditions:

I authorize _____ to drive/pick up my son/daughter to/from the event.

Emergency Contact Number(s):

Please sign to the right if your son/daughter is allowed to drive self and family members to/from church youth events. _____

Please sign if you permit pictures of church youth activities that include your son/daughter to be used for the website or other publicity without identifying captions. _____

