

YOUTH

ACTIVITY & TRIP PERMISSION FORM

RETURNING FORM IS ESSENTIAL TO PARTICIPATE IN OFF-SITE ACTIVITY/TRIP

YOUTH PARTICIPANT INFORMATION:

My child, _____ has permission to attend _____
(activity)

On _____ at _____. I am aware that the club will
(date) (place)

Leave from _____ at _____ o'clock, and will

Return to _____ at _____ o'clock.

My child is a registered member of Camp Fire USA? Yes No

List child's chronic illness or physical restrictions: _____

List of dietary restrictions/allergies: _____

List of medication(s) and use: (Should be in original container with dosage label) _____

Date of last tetanus booster _____

Family Physician _____ Phone _____

Name: _____ **has permission** to drive my child to and from this activity.

Person(s) **NOT AUTHORIZED** to pick up my child after event: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

1. Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

2. Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

In case of a medical emergency, after every reasonable effort has been made to contact me, the family physician or relatives or friends named above, I hereby give my permission to the physician secured by the adult in charge of the activities to hospitalize, secure treatment for, and to order injection, anesthesia, or surgery for my child. In the event any such treatment is not covered by insurance applicable to the activities, I will pay the expenses incurred in such emergency treatment. I understand that the volunteer adult supervisors will accompany my child on all activities.

Parent/Guardian Signature _____ **Date** _____

Address _____ **City** _____ **Zip** _____ **Phone** _____

ADULT

ACTIVITY & TRIP PERMISSION FORM

RETURNING FORM IS ESSENTIAL TO PARTICIPATE IN OFF-SITE ACTIVITY/TRIP

I, _____ will be attending _____
(activity)

with my child, or as an adult participant. I am a registered member of Camp Fire USA? Yes No

List any chronic illness or physical restrictions: _____

List of dietary restrictions/allergies: _____

List of medication(s) and use: (Should be in original container with dosage label) _____

Date of last tetanus booster _____

Family Physician _____ Phone _____

TWO PERSONS TO CALL IN CASE OF EMERGENCY:

1. Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

3. Name _____ Relationship _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____ Pager () _____

I have completed the above information and will assume the responsibility for my medications and for restricting any activities agreed upon and listed above. I will exercise good judgment in regard to my own health, safety and well-being while at the Camp Fire USA event described above. In the event I am the one in need of help, and my emergency contacts are not available, I authorize the adult in charge to call a physician at my expense and /or to provide whatever emergency medical or surgical treatment is necessary for my condition.

Signature _____ Date _____

Address _____ City _____ Zip _____ Phone _____

Cut off this portion and retain
INFORMATION FOR PARENT – To be filled out by Club Leader

Our club is planning: Activity _____

Date: _____ Place: _____

We will leave from _____ at _____ o'clock, and will

And will return to _____ at _____ o'clock.

Mode of transportation _____

The adult in charge is: _____

Cell Phone we will have with us: () _____

Cost of the activity: _____ For: _____

Your child will need: _____