



Michiana Fil-Am Followers Pathfinder Club



Permission Slip

I hereby give my permission for _____ (first and last name), who is a member of the Michiana Fil-Am Followers Pathfinder Club this year, to attend the following club activity:

Event Name

I understand that I will need to provide the cost of the trip: \$ _____

I also understand that when necessary, my child will be transported in club approved vehicles driven by club staff or approved parents to and from the activity location:

Location

during these hours, on this day (these days):

Time(s) & Date(s)

In the event of an emergency, I give Fares Magesa or his staff permission to seek emergency medical treatment on behalf of my child listed above. I hereby confirm that all registration, health and insurance information provided during club registration this year is still valid. If not, I have written updates below.

Health information update: _____

Contact information update: _____

Insurance update: _____

Signature of Parent or Guardian

Date

Detach Section Below and Keep

In the event that I need to contact my child in an emergency, I may contact one of the staff members via their cell phone:

Fares Magesa, Director

(269) 470-1174

Kevin Pollitt, Staff

(269) 208-7566

Event Name and Location: _____

Departure Date/Time: _____

Return Date/Time: _____