

ACTIVITY _____

WILL MEET _____
DATE TIME PLACE

WILL RETURN _____
DATE TIME PLACE

YOUR CHILD SHOULD BRING _____

YOUR CHILD SHOULD WEAR _____

Cost of Trip _____ Misc. _____

ADULTS ACCOMPANYING THE GROUP ARE: _____

DRIVERS FOR THE EVENT ARE: _____

PLEASE CONTACT _____ AT _____ IF YOU ARE WILLING TO BE A DRIVER FOR THIS EVENT.

(Cut along this line)

RETURN THIS PORTION TO YOUR LEADER BEFORE THE ACTIVITY

My child, _____ has permission to go with his/her group on _____
Name Date
to _____
Location/Place

Physical health conditions such as allergies, diabetes, seizures, etc.: _____

Medications _____

Emergency Contact: _____ Phone _____

Alternate emergency contact person: _____ Alternate number _____

I am familiar with proposed destination, the mode of transportation, the leadership accompanying the group and other circumstances of this activity. I certify that my child is in good health and can participate in all normal activities of the group. State any exceptions:

I understand that reasonable measures will be taken to safeguard the health and safety of the members and that I will be notified as soon as possible in case of any emergency. However, in the event of sickness or accident I will not hold the club leaders or Camp Fire Buckeye Council responsible. In case of sickness or accident I authorize calling a doctor and/or dentist to provide necessary medical services at my expense.

Home Phone: _____ Cellular Phone: _____ Work #: _____

Doctor: _____ Phone: _____ Hospital: _____

Dentist: _____ Phone: _____ Address: _____

If there is any delay in scheduled return time, leader should contact: _____ Phone: _____

Parent or Legal Guardian name (please print) _____

Parent or Legal Guardian Signature _____ Date _____

_____ I am able to provide transportation for _____ youth in seat belts.