



Camp Fire USA Heartland Operations Division

Parental Permission

Instructions: *This form is to be used when clubs attend activities outside of their regularly scheduled program and away from their typical meeting location.*

Leader completes **SECTION I** and sends it to parent/guardian.

Parent/guardian keeps **SECTION I**, then completes and returns **SECTION II** to club leader.

SECTION I – Leader Completes and gives to parent

Phone number at location of activity: _____

Date of activity: _____ Type of activity: _____

Location of activity: _____

Equipment needed: _____

Name of adult supervisor(s): _____

Depart time: _____ Return time: _____

Depart from: _____ Return to: _____

Transportation: Car__ Van__ Bus__ Other _____

COST PER CHILD: _____ COMMENTS: _____



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SECTION II – Parent/Guardian Completes and returns to leader

Child's Name: _____

Address: _____

Parent's Name: _____ Ph (day) _____ (eve) _____

Activity, Activity Date and Location: _____

I have read the information describing the activity and I give my permission for my child, _____ to participate in all activities except any listed below.

Restricted activities/Medical limitations: _____

My child is currently taking the following medications: _____

List any known allergies:

My child is in good physical condition and has not had any serious illness or operation since his/her last health examination. If my child should have a serious illness or operation or be exposed to a contagious disease between the date this permission form is signed and the activity, I will notify the club leader. I understand that every effort will be made to contact me, but in the event I cannot be reached, I give my permission to the physician selected by the club leader to hospitalize and/or secure proper treatment for my child in an emergency.

During the activity, I may be reached at (address) _____

Ph# _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Ph#(day) _____ (eve) _____

Address: _____

Physician's name: _____ Ph# _____

Comments: _____

Parent's Signature: _____ **Date** _____