

# Permission & Information Letter

## Inland Northwest Council



(To be completed whenever the club meets somewhere other than its regular meeting place.)

### Dear Parent/Guardian:

The following provides you with information about our proposed club trip/outing. Please read it. Fill in, sign and return the lower portion of this letter giving permission for your child to participate.

Our club has planned a trip/outing to: \_\_\_\_\_

Transportation will be by: \_\_\_\_\_

Departure will be from: \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_

We plan to return to: \_\_\_\_\_ at \_\_\_\_\_ on \_\_\_\_\_

In case of unavoidable delay, \_\_\_\_\_ will be notified and may be contacted at \_\_\_\_\_ if you become concerned.

Cost of the trip will be: \_\_\_\_\_. Please bring \_\_\_\_\_

Adults attending are: \_\_\_\_\_

1<sup>st</sup> Aider attending is: \_\_\_\_\_

Sincerely,

Return by \_\_\_\_\_

\_\_\_\_\_  
(Leader's Signature)

**Parent/Guardian keep upper portion. Return lower portion to your child's leader.**



## Permission Form

My child (full name) \_\_\_\_\_, has my permission to go on the trip/outing with the Camp Fire club on \_\_\_\_\_. I understand the mode of transportation and other circumstances of the trip. I certify that my child is in good health and can participate in all normal activities.

Health limitations are: \_\_\_\_\_  
(Allergies, Asthma, Blood Disorders, Diabetes, Epilepsy, Heart Defect, Food Allergies, etc.)

I understand that reasonable measures will be taken to safeguard the health and safety of the above listed participant. I will be notified as soon as possible in case of an emergency. In case of sickness or accident, I authorize the calling of a doctor and/or providing of other medical services deemed necessary by a supervising adult. If I am one of the drivers, I do have automobile liability insurance, safety equipment in my vehicle, and a current driver's license as required by state law.

Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ Hospital: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Legal Guardian or participant if over 18

\_\_\_\_\_  
Signature of Parent/Legal Guardian or participant if over 18

**Leader: This form must be kept with your club records for one year.**

Spokane Service Center, 524 North Mullan Road, Spokane, Washington 99206  
Telephone: 509 747 6191 or 800 386 2324

