

**SOUTHERN NEW ENGLAND CONFERENCE OF THE SEVENTH-DAY ADVENTIST CHURCH  
ADVENTURER CLUB OUTING/TRIP PERMISSION SLIP**

I, \_\_\_\_\_, the parent/legal guardian of  
(Print Parent/Legal Guardian's Full Name)

\_\_\_\_\_, do hereby give permission for my child  
(Print Child's Full Name)

to attend \_\_\_\_\_ at \_\_\_\_\_  
Event Name Event Location

in \_\_\_\_\_, \_\_\_\_\_ . During the outing my child will  
Event City or Town Date(s)

participate in the following activities: \_\_\_\_\_

My child has permission to travel with the Club trip leaders and drivers selected and approved by my church board, and sponsored by my local Seventh-day Adventist Church.

I understand my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff members while on this trip. **I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.**

Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed Driver's Information Sheet, as well as my Youth Children's Ministry Volunteer Form, (which is due whether or not I am a driver). In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone. If I am not accompanying my own child, I may be reached at the following number.

\_\_\_\_\_  
Parent/Legal Guardian Printed Name

\_\_\_\_\_  
Telephone Number(s)

If I cannot be reached, please call \_\_\_\_\_  
Printed Name of Emergency Contact Person

at \_\_\_\_\_  
Phone Number(s)

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, YouTube, Twitter, Instagram, etc.)

Parent/Legal Guardian Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

*A photocopy of this form is as valid as the original. This permission will remain in effect until the date of this event has passed, or it is revoked in writing by parent/legal guardian. You must complete one for every pathfinder outing or trip.*

**NOTE: THIS FORM MUST BE ACCOMPANIED WITH THE MEDICAL CONSENT FORM.**