

SPECIAL ACTIVITY PERMISSION FORM

FOR PROGRAM YEAR: _____

Parent/Guardian: In order to participate in activities which are away from the regular meeting place, all Camp Fire members and guests must have written permission. This permanent record page has been designed to make that process easy.

Please fill out the information in Section A below and Section C (on the back). Please sign and date the bottom of Section C. As events are planned, read about each one in Section B. Write down the facts for your reference. To give permission for your child to participate in each listed activity, sign and date that activity line. Return the form to the Supervising Adult.

Supervising Adult: Every youth must have a completed and signed form. The adult who is directly supervising the health and safety of the youth must be in possession of the forms during transportation. At an event, the forms are kept by the designated first aider and returned to the supervising adult for the return trip. Turn in these forms to the Camp Fire Office at the end of each program year.

SECTION A

MEMBER INFORMATION *(one form per child)*

Member's Name _____
First Initial Last

Home Phone (____) _____

Member goes by the name _____

Member's Address _____

Birthdate ____/____/____ (mo/day/yr)

City _____ State _____ Zip _____

Gender: Boy Girl

Parent/Guardian (Primary):

Relationship to child: _____

Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Parent/Guardian (Secondary):

Relationship to child: _____

Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Local Emergency Contact (Primary):

Relationship to child: _____

Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

Local Emergency Contact(Secondary):

Relationship to child: _____

Name: _____

Home Phone: () _____

Cell Phone: () _____

Work Phone: () _____

SECTION B

	Activity/ Transportation	Where/ Date	Leave	Return	Leave From	Bring/ Cost	Person in Charge	Trip Emergency Contact	Parent/Guardian Signature	Date
1										
2										
3										
4										
5										

SECTION C

MEMBER'S BASIC HEALTH INFORMATION

Please attach a note with any other information that will help us serve your child.

Date of last DTaP/DTP/DT/Td: Year _____ MMR Current? Yes No Doctor's Name _____ Doctor's Phone (_____) _____

Asthma ADHD ADD Low Vision Blind Physical or Mobility Limitations Epilepsy or Seizures Speech Impaired Hearing Impaired Deaf

Allergies *(list all allergies plus reaction and treatment)* _____

Medications *(list all)* _____

Details of special needs, health or emotional issues which might affect participation in special activities: _____

PARENT/GUARDIAN AUTHORIZATIONS

I understand that special activities have inherent risks. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health and willing and able to participate in activities, and willing to abide by Camp Fire USA policies and follow directions of the Supervising Adult. I understand that reasonable measures will be taken to safeguard the health and safety of all participants and that I will be notified as soon as possible in case of any emergency affecting my child, or if my child is not well or is unable to function in the special activity. I will turn into the Supervising Adult any medication in the original container with the child's name on it and with directions for use. In the event that my child is photographed, filmed or recorded while participating in a special activity, Camp Fire USA may use the photo, film or recording for publicity, promotional or instructional purposes.

I hereby give permission to the Supervising Adult to provide routine health care and administer the medications I have provided, if any, and including the following over the counter medications, if necessary:

1% Hydrocortisone	Ibuprofen	Low Level DEET Insect Repellent	PABA-Free Sunscreen SPF 15/35	Antibiotic Ointment	Benadryl
Skin Moisturizer	Tums/7-up	Tylenol	Throat Lozenge	Calamine Lotion	Saline Eye Solution

Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

Please note any of the above medications your child is **ALLERGIC** to or **should not have**: _____

In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or one of the contacts listed on this form: I hereby give permission to the physician selected by the Supervising Adult to secure and administer treatment, including hospitalization, for the child named above, and agree to have the Supervising Adult arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.



PARENT/GUARDIAN SIGNATURE _____

DATE _____

