

PARENTS' FIELD TRIP REPORT

DATE: _____

The Pathfinder Club is going:

Destination: _____

Date: _____

Purpose: _____

Cost: _____

We will leave from _____ at _____
(Place) *(Time)*

We plan to return to _____ at _____
(Place) *(Time)*

We are traveling by _____

Other Remarks:

Pathfinder Leader's Signature

PERMISSION FORM

_____ has my permission to go with the
(Pathfinder)

_____ group to _____
(Pathfinder Club) *(place)*

on _____
(date)

If in the course of the trip, it becomes necessary for my child to receive medical attention, the staff has my permission to seek the same. The doctor and/or hospital has my permission to start the needed treatment. Please call me at _____ in _____
(Phone) *(Town)*

(Parent's Signature)