

Parental Consent Form

I give permission for my child, _____, to attend Pathfinder Bible Experience 2020, hosted at Dakota Adventist Academy. I understand that my child will be transported to and from DAA by an approved sponsor or club leader and that they will be under the supervision of that leader for the duration of the Pathfinder Bible Experience Weekend.

Parent Information

Parent's Name: _____

Phone Number: _____

Email: _____

Emergency Contact Information

Emergency Contact 1: _____

Phone Number: _____

Emergency Contact 2: _____

Phone Number: _____

Child Information

Child's Name: _____

Birth Date: _____

Allergies: _____

Medications: _____

Insurance Provider: _____

Policy Number: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

Parent Signature: _____ Date: _____