



Camp Fire USA Orca Council

PO Box 18170
Tacoma, WA 98419
(253) 597-6234

ACTIVITY PERMISSION FORM

Activity: _____ Activity Date: _____

Activity Location _____

Activity Time: Leaving: _____
PLACE TIME

Returning: _____
PLACE TIME

Activity Cost: \$ _____ To Be Paid By: _____
DATE

Transportation Private Car Bus Other _____

Adult Supervision:

1. _____ 2. _____

3. _____ 4. _____

Emergency Contact Person: NAME _____ PHONE # _____

Participant is to bring: _____

KEEP THIS TOP PORTION FOR YOUR INFORMATION



PARENTS – COMPLETE THE FORM BELOW AND RETURN IT TO LEADER

My child _____ has my permission to participate in

_____ on _____ at _____
ACTIVITY DATE DESTINATION

During this activity I can be reached at: PHONE # _____ PHONE # _____

Alternate emergency contact: NAME: _____

Relationship to child: _____ PHONE # _____

I understand the nature, date(s), destination, transportation, adult supervision, and cost of this activity and give my permission for my child to participate. I understand that it is my responsibility to make sure that my child is physically able to participate in this activity. I understand that reasonable measures will be taken to safeguard my child's health and safety and that I will be notified as soon as possible in the event of an emergency involving my child. If neither I nor my alternate contact person can be reached, I authorize LEADER'S NAME _____ to act on my behalf.

Parent/Guardian SIGNATURE: _____ DATE _____