

Courageous Invitational Camporee General Permission Slip August 1-5, 2017



Club Name	Church Name
Director's Name	Director's Cell #
	m that will apply for all the activities during the Specific Forms will need to be signed for ower.
I am, ar, ar, ar, ar him/her to attend all the activities du August 1-5, 2017.	
In case of an emergency	
Please Contact (name) Home Phone number Cell Phone number Office Phone number Medical Information we may need to	

Additional items in case of an emergency

- Please include this form with your regular Pathfinder Medical Forms
- Forms should be kept within your Club Data Base at all times
- Please have medical information on your cell phone example on one of your apps in case we need to send information to one of our local medical emergency services