



Maryland Order of the Knights of Pythagoras Event /Outing Permission Slip



PARENTS PLEASE NOTE: YOUTH MUST HAVE A SIGNED PERMISSION SLIP FOR ALL OUTINGS WHETHER ACCOMPANIED BY A PARENT OR NOT. ALL INFORMATION MUST BE PROVIDED BEFORE YOUR CHILD WILL BE PERMITTED TO PARTICIPATE. THANK YOU.

EVENT / OUTING: _____
DATE: _____ LEAVE FROM: _____ DEPARTURE TIME: _____
RETURN DATE: _____ ARRIVAL TIME: _____ COST: _____
OTHER INFORMATION: _____

(KEEP THIS TOP PORTION)

(RETURN THIS BOTTOM PORTION)

I/WE HEREBY GIVE PERMISSION FOR: _____ TO ATTEND WITH THE KNIGHTS OF
PYTHAGORAS, _____
FROM _____ to _____, TO BE HELD AT: _____

FURTHER, WE AUTHORIZE A DOCTOR AND/OR MEDICAL INSTITUTION OR SIR KNIGHT, IF NECESSARY, TO
RENDER TREATMENT OF INJURIES OR ILLNESS SUSTAINED BY OUR CHILD DURING THIS OUTING. WE AGREE TO
PAY ALL EXPENSES FOR SAID TREATMENT OR ARRANGE FOR COVERAGE BY INSURANCE, AND HOLD HARMLESS
THE COUNCIL LEADERS AND ADULT VOLUNTEERS FROM ANY LIABILITY.

SIGNATURE OF PARENT/GUARDIAN _____ Date: _____

PAID: CASH \$ _____, CHECK # _____ OR DEDUCT _____ FROM MY ACCOUNT FOR THIS OUTING.

PLEASE PROVIDE EMERGENCY CONTACT NUMBERS:

NAME: _____ CELL PHONE: _____ RELATIONSHIP: _____

Home phone: _____

HEALTH/ACCIDENT INSURANCE CO.

INSURED'S NAME:

EMPLOYEE

MEDICAL CONDITIONS OR ALLERGIES:

MEDICATIONS: _____

*Ensure to have Emergency Medical Authorization & Release form completed.

IF PARENT WILL BE DRIVING, OR VISITING OUR ACTIVITY WE MUST HAVE THE FOLLOWING INFORMATION: I

what dates will participate (Dates)?

Arrival time: (am :____) (noon :____) (afternoon: ____) (evening: _____)

I will be staying overnight: (Yes____) (No____)

Name: _____ DL# & STATE _____

Year & Make of Vehicle _____ Capacity (Seats w/seat belts) _____

Minimum Liability Limits (Yes) _____ (No) _____

Note: Required minimum liability limits of \$50k/\$100k/\$50k and seat belts for each rider at all times.