

# King's Kids

## Pathfinder Club

### TLT Registration Packet

Merrimack Valley Seventh Day Adventist Church  
Pathfinder Club

Pathfinders are a worldwide organization of young people sponsored by the Seventh Day Adventist Church, though young people of any religious persuasion, or none at all, are welcome and encouraged to join the organization. Pathfinders is open to individuals age 10-15. Teen Leadership Training is also available for older teens.  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)



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Merrimack Valley Seventh-Day Adventist Church  
408 Broadway Road, Dracut, MA 01826  
978.804.9226

[www.mvsda.org](http://www.mvsda.org)  
[pathfinders@mvsda.org](mailto:pathfinders@mvsda.org)

# Welcome

September 4, 2016

Dear Pathfinder Parent/Guardians,

We are looking forward to an exciting Pathfinder year. We would love to extend a warm welcome to your child and your family to our King's Kids Pathfinder club.

Please take the time to review all the information found in this packet. Below is a list of forms that can be found here. All applicable forms and fees must be completed at time of registration.

**Pathfinder Membership Application**  
**Health History form**  
**Uniform information sheet**  
**Payment form**  
**Cell phone/Electronic Device usage form**  
**Schedule (may be updated throughout the year)**  
**Permission Slip**

This year our staff has joined together to create team leadership. Our goal is to work together to create an exciting and spiritually enriching year for your child and your family as well. We are happy to have your child and your family as part of the Pathfinder Youth Group. Please feel free to contact our staff with any questions or concerns.

We can be reached at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org).

Opportunities to volunteer throughout this year are available. If you are interested in volunteering your time this year please let us know at registration. If you have a talent, experience, or knowledge in a specific area we may be in need of individuals to teach honors. More information can be provided if you are interested.

May God bless you and your family as we work together for the physical, spiritual and mental growth and development of your child.

Sincerely,

Your Pathfinder Staff



# Schedule

## What, When, and Where

### September

|    |              |  |
|----|--------------|--|
| 4  | 9:00-11:00am | Pathfinder registration, meeting, games    |
| 24 | 2:00-3:00pm  | Pathfinder Bible Experience Practice       |
| 25 | TBD          | Pathfinder Community Service - health expo |

### October

|    |           |   |
|----|-----------|---|
| 1  | 2:00-4:00 | Pathfinder Bible Experience Practice  |
| 8  | ALL DAY   | Pathfinder - church, sack lunch and nature meeting<br>Halibut Point State Park, Rockport, MA 01966, USA |
| 15 | 2:00-4:00 | Pathfinder Bible Experience Practice  |
| 16 | 9:00-1:00 | Pathfinder - Recreation Honor Day - Field Uniform   |

### November

|    |           |   |
|----|-----------|---|
| 5  | 2:00-3:00 | Pathfinder Bible Experience Practice              |
|    | 3:00-5:00 | Community Service Call Collecting - Field Uniform |
|    | Overnight | Pathfinder Sleepover                              |
| 12 | 2:30-3:00 | Pathfinder Induction Set up                       |
|    | 3:00-4:00 | Pathfinder Induction - Full Dress Uniform         |
|    | 4:00-7:00 | Pathfinder Meeting                                |
|    | 7:00-8:00 | Pathfinder Staff Meeting                          |
| 19 | 2:00-4:00 | Pathfinder Bible Experience Practice              |

### December

|    |           |  |
|----|-----------|--|
| 10 | 2:00-4:00 | Pathfinder Bible Experience Practice                   |
|    | 4:00-7:00 | Meeting - Dress Uniform                                |
|    | 7:00-8:00 | Pathfinder Staff meeting                               |
| 17 | 3:00-5:00 | Pathfinder Bible Experience Practice                   |
|    | 5:00-9:00 | Pathfinder meeting and Christmas Party - Field Uniform |

### January

|    |           |   |
|----|-----------|---|
| 7  | 2:00-4:00 | Pathfinder Bible Experience Practice                    |
| 14 | 4:00-7:00 | Meeting - Health & Safety Honor - Field Uniform         |
|    | 7:00-8:00 | Pathfinder Staff Meeting                                |
| 15 | TBD       | Pathfinder - 1st Aid Training (voyagers, guides, staff) |
| 28 | 2:00-4:00 | Pathfinder Bible Experience Practice                    |
|    | 4:00-7:00 | Meeting - Dress Uniform                                 |

### February

|    |              |   |
|----|--------------|---|
| 4  | 2:00-6:00    | Pathfinders: SNEC Area Bible Experience - Dress uniform |
| 11 | 2:00-4:00    | Pathfinder Bible Experience Practice                    |
|    | 4:00-7:00    | Pathfinder Meeting - Field Uniform                      |
|    | 7:00-8:00    | Pathfinder staff Meeting                                |
| 12 | 7:00-10:00am | Pathfinder Valentines Day Breakfast set up              |
|    | 10:00-12:00  | Valentines Day Breakfast Fundraiser                     |
|    | 12:00-1:00   | Event Clean up  |
| 25 | 2:00-4:00    | Pathfinder Bible Experience Practice                    |
|    | 4:00-7:00    | Pathfinder Meeting - Dress Uniform                      |

### March

|    |           |  |
|----|-----------|--|
| 4  | 2:00-6:00 | SNEC Conference Bible Experience - Dress Uniform             |
| 11 | 2:00-4:00 | Pathfinder Bible Experience Practice                         |
|    | 4:00-7:00 | Pathfinder Meeting - Dress Uniform                           |
|    | 7:00-8:00 | Pathfinder Staff Meeting                                     |
| 18 | 2:00-6:00 | Pathfinders: Atlantic Union Bible Experience - Dress Uniform |
| 25 | 2:00-4:00 | Pathfinder Bible Experience Practice                         |
|    | 4:00-7:00 | Pathfinder Meeting Recreation- Field Uniform                 |

### April

|       |           |  |
|-------|-----------|--|
| 1     | 2:00-4:00 | Pathfinder Bible Experience Practice                   |
| 8     | 2:00-4:00 | Pathfinder Bible Experience Practice                   |
|       | 4:00-7:00 | Pathfinder Meeting - Dress Uniform                     |
|       | 7:00-8:00 | Pathfinder Staff Meeting                               |
| 9     | 2:00-3:00 | Pathfinder Bible Experience                            |
| 21-22 |           | Pathfinders: Division Bible Experience - Dress Uniform |
| 15-16 |           | SNEC Division Pathfinder Bible Experience Phoenix, AZ  |
| 29    | 5:00-8:00 | Pathfinder Meeting - Field Uniform                     |
|       | Overnight | Sleepover  |

### May

|       |           |   |
|-------|-----------|---|
| 7     | 9:00-1:00 | Meeting Recreation/Nature - Field Uniform   |
|       |           | Sandy Point State Reservation, Ipswich, MA  |
| 26-29 | Campout   | Pathfinder Pioneer Camp-out<br>William Miller Home, 1614 County Road 11, Whitehall, NY 12887, |

### June

|   |  |                                |
|---|--|--------------------------------|
| 3 |  | Pathfinder Investiture Sabbath |
|---|--|--------------------------------|

# Documents

## Required Info

The following items are required for registration, please make sure the necessary items are completed in full prior to turning in the packet.

Pathfinder Name: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ Pathfinder Club Membership Application
- \_\_\_\_\_ Medical History/Consent to Treatment & Health Insurance Information.
- \_\_\_\_\_ Pathfinder Yearly Club Outings Permission Slip
- \_\_\_\_\_ Payment Form with Initial Payment

### Payment Method

☐ \$125.00 One Time Payment

☐ \$62.50 Two Payments

☐ Nine Payments

Due with Registration packet

1st Due with Registration

2nd Due in January

\$25.00 due at Registration

Each additional payment of \$12.50 is

due at the first meeting of each month

This fee of \$125.00 is due in full regardless of when you join the club. There are additional costs involved with camporees and some activities. Notice will be sent home regarding these fees. The registration fees and dues cover most of the club activities, field trips, honors, and activities with supplemental funding through the church. We try to keep additional cost to a minimum and have tried to include as much as possible in the payment plan.

Consideration for the sacredness of the Sabbath will be taken into account when discussing fees, business and collecting money. We will appropriate time at the end of our meetings for business related issues when the beginning of our meetings are still within the Sabbath hours.

## Electronic Device Usage

Cell phone use has become quite a distraction during our Pathfinder meetings and activities. Because of this distraction any Pathfinder found to be using one of these devices during a meeting will be asked to give it to a staff member until dismissal at the end of the meeting. If you need to contact your child during a meeting please contact the staff or the church.

Please sign below to confirm that both the Pathfinder and the Parent have read and agree to this policy on cell phones and other electronic devices.

Parents Signature: \_\_\_\_\_

Pathfinder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PATHFINDER CLUB YEARLY OUTING/TRIP PERMISSION SLIP

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
(Print Parent/legal Guardian's Full Name) (Print Child's First and Last Name)

do hereby give permission for my child to attend any and all the Pathfinder club outings listed on the Pathfinder schedule and any additional event added throughout the Pathfinder year on and off the Merrimack Valley Church premises for the:

**2016-2017 Pathfinder year - September 2016-June 2017**

My child has permission to travel with the Pathfinder Club trip leaders and drivers selected and approved by my church board, and sponsored by Merrimack Valley Seventh Day Adventist Church.

I understand that my child will be chaperoned by either myself (if I am going), and/or adult leaders and club staff member while on this trip. I have already completed and given to the club director, my child's Health/Medical Information & Consent Form, which includes a signed consent to medical treatment.

Additionally, if I am driving children to, or during this event, I have completed and given to the club director my completed and signed Drivers Information Sheet, as well as my Youth Children's Ministry Volunteer Form, (which is due whether or not I am a driver). In the event of an emergency, medical measures will be taken, and every attempt will be made to notify the parent/legal guardian by telephone.

I voluntarily release, indemnify and hold harmless the Southern New England Conference of Seventh Day Adventist, and its employees, representatives, agents, and affiliates from any claims, actions, losses, damages or liabilities (including reasonable attorney fees), for myself and for any occurrences or actions which result in injury, illness, accident or harm of any kind, now or in the future, to the named child while participating in the Merrimack Valley Pathfinder Club events and outings, and from any act or omission of negligence in rendering or failing to render any type of emergency or medical service.

**By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.**

**I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.**

\_\_\_\_\_  
(Parent/legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/legal Guardian)

\_\_\_\_\_  
(Date)

## Emergency Contact Information:

| Name       | Home #  | Cell #              | Work # |
|------------|---------|---------------------|--------|
| Mother:    |         |                     |        |
| Father:    |         |                     |        |
| Other:     |         |                     |        |
| Other:     |         |                     |        |
| Name       | Office# | Affiliated Hospital |        |
| Physician: |         |                     |        |

A photocopy of this form is as valid as the original. This permission will remain in effect until the end date of the events has passed, or it is revoked in writing by parent/legal guardian.



## TEEN LEADERSHIP TRAINING CANDIDATE APPLICATION

Southern New England Conference of Seventh Day Adventists

34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561

Fax: (978) 365-3838 E-mail: [snecyouth7@gmail.com](mailto:snecyouth7@gmail.com)

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Citizenship \_\_\_\_\_

Home Church \_\_\_\_\_ Baptized ☐ Yes ☐ No

Name of school now attending \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Class or classes completed:

- |                                       |  |  |   |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Friend       | <input type="checkbox"/> Trail Companion   | <input type="checkbox"/> Ranger          | <input type="checkbox"/> Wilderness Voyager |
| <input type="checkbox"/> Trail Friend | <input type="checkbox"/> Explorer          | <input type="checkbox"/> Frontier Ranger | <input type="checkbox"/> Guide              |
| <input type="checkbox"/> Companion    | <input type="checkbox"/> Frontier Explorer | <input type="checkbox"/> Voyager         | <input type="checkbox"/> Wilderness Guide   |

List your participation in Pathfinder clubs:

| CLUB  | YEAR  | DIRECTOR |
|-------|-------|----------|
| _____ | _____ | _____    |
| _____ | _____ | _____    |
| _____ | _____ | _____    |

I, the undersigned, apply to the \_\_\_\_\_ club leadership for a position in the TLT Program. I understand that my application and future participation are evaluated on my performance in Pathfinding and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mark the two operational departments selected for the 1st year operational assignment:

*Recommend 1st year*

- ☐ Administrative  
☐ AY Classwork/Honors

*Recommend 2nd year*

- ☐ Outreach  
☐ Camping/Activity

*Recommend 3rd year*

- ☐ Finance/Clerical  
☐ Counseling

### Club Official Use Only

☐ Approved ☐ Disapproved Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Club Director Signature \_\_\_\_\_

Date to begin service \_\_\_\_/\_\_\_\_/\_\_\_\_ TLT Director Signature \_\_\_\_\_

### Conference Official Use Only

Date received \_\_\_\_/\_\_\_\_/\_\_\_\_ Conference Director Signature \_\_\_\_\_



## TEEN LEADERSHIP TRAINING - RECOMMENDATIONS

Southern New England Conference of Seventh Day Adventists

34 Sawyer Street; PO BOX 1169 South Lancaster, MA 01561

Fax: (978) 365-3838 E-mail: [snecyouth7@gmail.com](mailto:snecyouth7@gmail.com)

I, the undersigned, am applying to the \_\_\_\_\_ club leadership for a position in the TLT Program of Pathfindering. I understand that my application and future participation are evaluated on my performance in Pathfindering and my adherence to the TLT Pledge as well as the Pathfinder Pledge and Law. I agree to participate in the TLT Program as outlined in the TLT Manual and commit myself to developing my Christian leadership potential to its fullest.

**Please complete this recommendation form and return it to the following:**

Pathfinder Club Director's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Thank you for your honest evaluation. Please keep me and the Pathfinder program in your prayers.

**TLT Pledge** - *Loving the Lord Jesus, I promise to take an active part in the work of the Teen Leadership Training program, doing what I can to help others and to finish the work of the gospel in all the world.*

TLT Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### RECOMMENDATION ( 1 ) Please answer the following questions.

How do you know the applicant and for how long? \_\_\_\_\_

What qualities does the applicant bring to the program? \_\_\_\_\_

How does the applicant relate to people? \_\_\_\_\_

How does the applicant respond to stress? \_\_\_\_\_

Does the applicant have any potential problems that might hinder his/her participation? \_\_\_\_\_

\_\_\_\_\_  
Recommenders Printed Name

\_\_\_\_\_  
Recommenders Signature

\_\_\_\_\_  
Date

### RECOMMENDATION ( 2 ) Please answer the following questions.

How do you know the applicant and for how long? \_\_\_\_\_

What qualities does the applicant bring to the program? \_\_\_\_\_

How does the applicant relate to people? \_\_\_\_\_

How does the applicant respond to stress? \_\_\_\_\_

Does the applicant have any potential problems that might hinder his/her participation? \_\_\_\_\_

\_\_\_\_\_  
Recommenders Printed Name

\_\_\_\_\_  
Recommenders Signature

\_\_\_\_\_  
Date

### RECOMMENDATION ( 3 ) Please answer the following questions.

## HEALTH INFORMATION, CONSENT TO TREATMENT & HEALTH INSURANCE INFORMATION

---

Name: \_\_\_\_\_

Are there any present health concerns? \_\_\_\_\_

List any allergies: \_\_\_\_\_

Specify current medication(s): \_\_\_\_\_

Date of last tetanus immunization/booster: \_\_\_\_\_ Permission to administer in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

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### PARENT/GUARDIAN CONSENT TO TREATMENT:

We/I the undersigned parents/guardians hereby give my consent for the above named child to participate in the 2015-2016 Pathfinder Club. We/I am aware that my child may require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment may become necessary for my child, we/I grant permission to \_\_\_\_\_, the Pathfinder Club Director and/or her assistants, authority to obtain

Pathfinder Club Name

such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported of the purposes of Pathfinder Club activities, in private, church owned vehicles or other mode of transportations as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, the drivers will be approved by the \_\_\_\_\_ Church Board. We/I

Church Name

understand a permission slip will need to be signed at the time of all field trips.

We/I also consent to having this child work with club staff members outside the regular club meetings times for special club events, for honors or for class activities arranged by the club staff team.

We/I agree to indemnify and hold harmless the Atlantic Union, the Southern New England Conference of Seventh-day Adventist, the \_\_\_\_\_ church, and the

Church Name

\_\_\_\_\_  
Pathfinder Club Name Pathfinder club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church sponsored activities.

This consent shall stay until effect until August 25, 2016 or until revoked in writing and delivered to the above named director or to the club entrusted with custody of said minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

---

### MEMBER HEALTH INSURANCE INFORMATION

The above named pathfinder applicant is \_\_\_\_\_ covered/ \_\_\_\_\_ not covered by health insurance.

Present Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Parent/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ / \_\_\_\_\_

***A photocopy of this form is as valid as the original. You must always have a copy of this form with you in every pathfinder outing or trip.***



# Southern New England Conference Pathfinder Ministries

## Health History for Pathfinder/Staff

### Directions

- 1) Sections 1 & 2 must be completed by parent/guardian of minor or by adult pathfinder/staff 18 years or older.
- 2) **GIVE THIS FORM TO YOUR CLUB DIRECTOR**

### 1. Personal & Emergency Contact Information

Pathfinder/Staff Name \_\_\_\_\_ Gender M F Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_  
Street Address City State Zip Code

Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Address \_\_\_\_\_  
(If different from above) Street Address City State Zip Code

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Second Parent/Guardian Name \_\_\_\_\_ Email Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Additional contact in event parent(s)/guardian(s) cannot be reached:

Name \_\_\_\_\_ Relationship to Pathfinder: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### 2. Allergies/Health History/Medical Insurance

**Allergies:** ☐ No known allergies. ☐ This camper/staff is allergic to: ☐ Environment (e.g., insect bites, sun) ☐ Food ☐ Medicine ☐ Other  
*(Please describe below what the pathfinder is allergic to and their typical reaction.)*

**Health History:** Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the pathfinder/staff:

|  |  |   |  |
|--|--|---|--|
| Ever been hospitalized?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had fainting or dizziness?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ever had surgery?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Passed out/had chest pain during exercise?      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have a recurrent/chronic illness?        | <input type="checkbox"/> Yes <input type="checkbox"/> No | Had mononucleosis during the past 12 months?    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent infectious disease?         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Traveled outside the U.S. in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had a recent injury?                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Ever had back/joint problems?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have diabetes?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a history of bedwetting?                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had seizures?                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have problems with diarrhea/constipation?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Had headaches?                           | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have any skin problems?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have impaired vision?                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | If female, have problems with menstrual cycle?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Please explain "Yes" answers in the space below**, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Does pathfinder/staff have any current physical, medical, or psychological conditions requiring medication, treatment, or special considerations or activity restrictions while at camporee? ☐ Yes ☐ No If yes, please explain below:

# Southern New England Conference Pathfinder Ministries



## MEDICATION ADMINISTRATION

(To be completed by the parent/guardian and kept on file with the Pathfinder Health Record)

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_

## CONSENT TO ADMINISTER DRUGS

I give consent for Merrimack Valley Kings Kids Pathfinder Club to administer and/or supervise self administration of medication for the following over the counter and prescription medication to my child.

### Over the Counter Medications

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Benedryl/Diphenhydramine
- ☐ Cough Syrup
- ☐ Tums

### Prescription Medication

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

☐ Please check box if you wish to be contacted prior to King's Kids Staff administering any medication

My child is currently taking the following medication:

| Name of Medication | Dosage | Frequency | Reason for taking medication |
|--------------------|--------|-----------|------------------------------|
|                    |        |           |                              |
|                    |        |           |                              |
|                    |        |           |                              |
|                    |        |           |                              |
|                    |        |           |                              |

Should the medication or dosage required change while the participant is registered in the program, it is the Parent/Legal guardian's responsibility to make the necessary revisions to this form or to complete a new form immediately.

1. All prescriptions shall be maintained with the child's name and shall be dated
2. Prescription medication must be stored in the original bottle with unaltered label. Medication requiring refrigeration must be properly stored.
3. Prescription and non-prescription medication shall be administered in accordance to the label directions

I fully acknowledge that while all precautions for the safe administration of medication will be taken MVSDA Kings Kids are not medically qualified to supervise this duty and that inherent in this, there may be risks or hazards for which I will not hold SNEC or any of its representatives responsible. I will also agree that I will ensure that all medication I provide for my child during any events has not expired and will be provided to the staff at time of events and picked up and maintained at home. No medication will be held on the premises outside of meetings and events.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

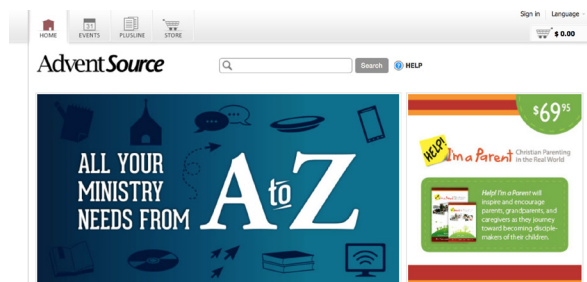
# Uniform

AdventSource.com

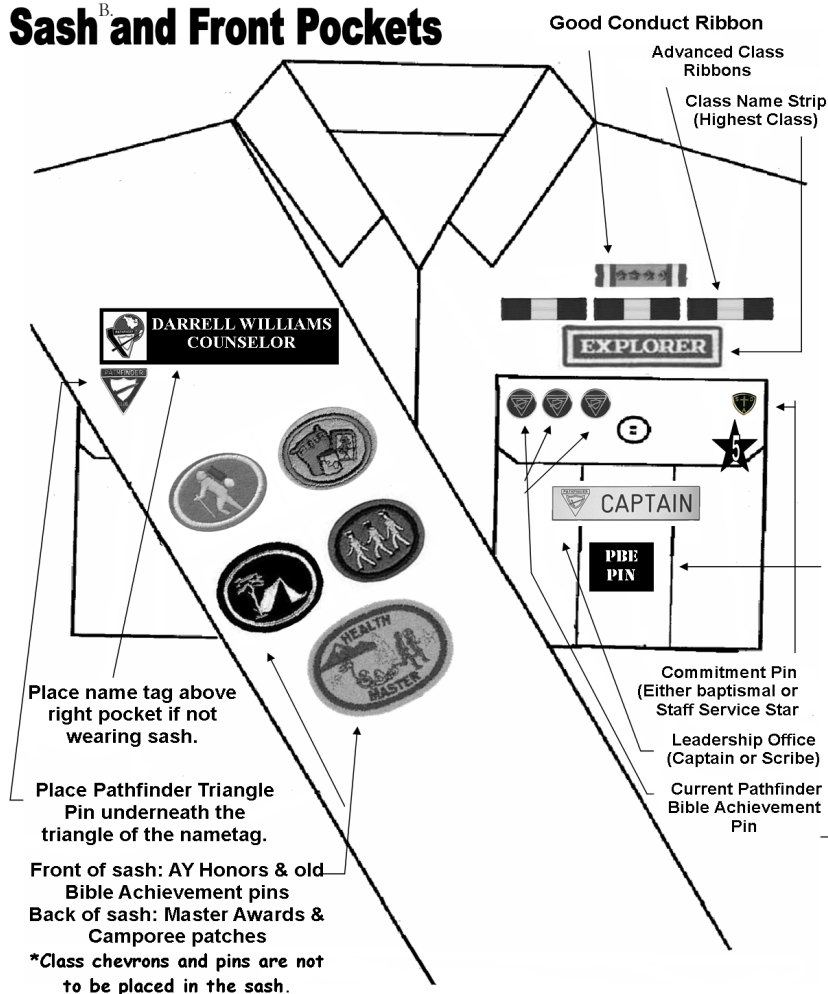
## Pathfinder Uniforms or Class A Uniform

|                    |  |
|--------------------|--|
| Boys' Shirts       | Tan short sleeve   |
| Girl's Blouses     | Tan short sleeve   |
| Boy's Slacks       | Black, straight leg with belt loops  |
| Girl's Slacks      | Black, Strait leg with belt loops  |
| Belts and Buckles  | Black web belts with Pathfinder buckles  |
| Neckwear           | Open collar (one button) for both boys and girls.<br>The official Pathfinder scarf is yellow with the Pathfinder world and triangle on it  |
| Sash               | The official Pathfinder slide is cloth with the logo<br>Black fabric, may be wide enough for 3 honors and as long as the fingertips on the left hand<br>Only one sash is to be worn as part of the uniform<br>Items to be worn on the sash include: name tag/honors/Master Awards/Pathfinder pin on the front and Camporee patches/pins, honors, Master Awards on the back |
| Boy's Shoes/Socks  | Black shoes and black sock   |
| Girl's Shoes/Socks | Black shoes (no heels higher than 2 in)<br>Black socks   |

Uniform orders should be made through the AdventSource.com website. Each Pathfinder is responsible for ordering the short sleeve shirt, pants, neckerchief, slide, sash and belt. Patches will be provided by the club and will be given to each Pathfinder at the earliest convenience. Please contact us at [pathfinders@mvsda.org](mailto:pathfinders@mvsda.org) with any questions or concerns.



## Sash and Front Pockets



## Southern New England Conference - Pathfinder Policy

The uniform is always neat and clean. Because the Pathfinder Club is valuable to each member, that the uniform will be acquired and worn with enthusiasm.

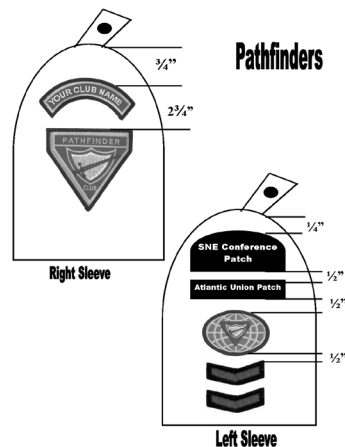
### Class A Uniform

It is recommended that those having uniforms wear them on the following occasions:

1. At Pathfinder meetings, when required
2. At special Programs (Pathfinder Day, Induction, Investiture, and Bible Achievement, etc)
3. At any public gathering when any or all act as messengers, Ushers, Honor Guard, Color Guards, First - aid details
4. On occasions as specified by Pathfinder Staff officers
5. While engaging in missionary outreach activities, such as In gathering, distribution food baskets, bouquets, literature, or church announcements; band work, such as singing bands and sunshine Bands

### Uniform Should Not be Worn

1. If not a member
2. For work or play
3. When engaged in selling for personal profit, in selling for commercial or political purposes, or in personal solicitation
4. At anytime or place when its wearing discounts the organization or casts any reflection upon the uniform, lowers its dignity and esteem, and makes it common place.



\*Uniform black pants do not need to be purchased through Adventsource