

Pathfinder Staff Health Record

Name _____

Birthdate _____ Age _____

Address _____ City _____ State _____ Zip _____

Date of Last Tetanus Booster _____

Allergies No known allergies

Food _____

Medicine _____

Other _____

Special Medications or Pertinent Information _____

List of Restrictions _____

Spouse or Relative _____

Phone _____ Work Phone _____

Emergency contact _____ Phone _____

Family Physician _____ Physician Phone _____

Physician Address _____

Insurance Company _____

Insurance Policy Number _____ Group Number _____

Insured Name _____

Authorization to Treat

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery.

The health history stated is correct to the best of my knowledge. In addition, I have read and understand the Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying of this health record is granted.

Date _____ Signature _____