

Pathfinder Health Record

Name _____

Birthdate _____ Age _____

Date of Tetanus _____ Weight _____

Allergies _____

Medicine _____

Pertinent Information _____

List of Restrictions _____

Father or Guardian _____ Phone _____

Mother or Guardian _____ Phone _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Insurance Company _____

Policy # _____ Group # _____

Insured Parent or Guardian _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of _____
Name of Pathfinder

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 for my child.

As a parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The health history stated is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed club activities except as noted. 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.

Parent/Guardian Signature _____ Date _____