

# Pathfinder Staff Health Record

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Name

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Date of Birth

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Address

City

State

Zip

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Date of Tetanus Booster

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Allergies

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Medications

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Emergency contact

Phone

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Physician

Phone

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Insurance

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Policy #

Group #

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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.

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Signature

Date