

Adventurer Health Record

Name _____
Birth Date _____
Social Security Number _____
Date of last Tetanus Booster _____

Allergies to drugs or food:

Special medications or pertinent information:

List of restrictions:

Father's Home Phone _____ Father's Work Phone _____
Mother's Home Phone _____ Mother's Work Phone _____
Emergency Phone (friend or relative) _____
Family Physician Name _____
Family Physician Address _____
Family Physician Phone _____
Insurance Company _____
Insurance Policy Number _____

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 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 so far as I know, 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 photo copying of this health record is granted.

Date

Parent/Guardian Signature

This section is for the notary to sign if your state requires it.

Pathfinder Health Records are available through AdventSource, Lincoln, NE 68506