

Pathfinder Health Record

Name _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____

Date of last Tetanus Booster _____

Allergies to drugs or foods:

Special medications or pertinent information:

List of restrictions:

Phone Numbers:

Father's: Cell _____ Home _____ Work _____

Mother's: Cell _____ Home _____ Work _____

Emergency (friend or relative) _____ Name _____

Family Physician Name _____

Family Physician Address _____

City _____ State _____ Zip _____ Phone _____

Insurance Company _____

Subscribers Name _____

Insurance Policy Number _____



Authorization to Treat a Minor

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

In case of emergency, 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 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

This consent shall remain in continuous effect for 1 year unless earlier revoked in writing and delivered to the organization entrusted with the custody of said minor.