

# Consent to Treatment & Health Insurance Information

Name of Pathfinder Club \_\_\_\_\_

We/I the undersigned parents/guardian of \_\_\_\_\_, a minor, do hereby give our/my permission for him/her to participate in this year's Pathfinder Club. We/I am aware that by my child's participating in this activity, there is the possibility that there may occur a need for emergency medical treatment as a result of accident or sickness.

*Complete the following.*

If yes to any of the following, please check and elaborate below.

## Health History

___ Frequent Sore Throats	___ Mononucleosis	___ Convulsions/Seizures
___ Frequent Ear Infections	___ Glasses/Contacts	___ Sleepwalking
___ Heart Defects/Disease	___ Diabetic	___ Asthma/Lung Problems
___ Sick Cell Disease/Treat	___ Rheumatic Fever	___ Bleeding/Clotting
___ Stomach Problems	___ False/Capped Teeth	___ Bed-wetter
___ Kidney Problems	___ Sinusitis	___ Other _____

**Allergies** - Describe type of allergy and reactions and specify drug/medication names: \_\_\_\_\_

\_\_\_\_\_

**Current Medications** \_\_\_\_\_

**Date of last Tetanus Immunization/Booster:** \_\_\_\_\_ **Permission to administer (Y/N):** \_\_\_\_\_

**Physical restrictions/Abnormalities** - Describe: \_\_\_\_\_

\_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Emergency Phone#** \_\_\_\_\_

In the event emergency medical treatment becomes necessary for my child, we/I grant to \_\_\_\_\_ (Adventurer/Pathfinder Director) or his or her assistants, authority to obtain such emergency medical assistance. We/I also consent to my child's being transported from the Pathfinder meeting premises by private car, church-owned bus, or other modes of transportation for the purpose of the activity. We/I further grant permission for medical personnel to administer emergency medical treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the above-named director or to the club entrusted with the custody of said minor. Pathfinder insurance is coordinated with the Pathfinder's personal health care plan. Therefore, the above-named Pathfinder's family health insurance is:

**Present Health Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**Parent/Guardian Name** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_