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# Pathfinder 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.*

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