

Consent to Treatment and Health Insurance Information

Name of Pathfinder Club Flint Arrows

We/I, the undersigned parents\guardian of _____
(child's name)

a minor, do hereby give our/my consent for him/her to participate in the _____ 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	_____ Frequent Ear Infections	_____ Heart Defects/Disease
_____ Sickle Cell Disease/Treat	_____ Mononucleosis	_____ Glasses/Contacts
_____ Diabetic	_____ Rheumatic Fever	_____ Stomach Problems
_____ Kidney Problems	_____ False/Capped Teeth	_____ Sinusitis
_____ Convulsions/Seizures	_____ Asthma/Lung Problems	_____ Bleeding/Clotting
_____ Sleepwalking	_____ Bed-wetter	_____ 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 John Stevens (Pathfinder director) or his assistants, authority to obtain such emergency medical assistance.

We/I also consent to my child 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

Daytime Phone Evening Phone

**MICHIGAN CONFERENCE OF SDA
PATHFINDER DEPARTMENT**