

Garden Road SDA Church
EXPLORERS Adventurer Club
Membership Application Form

ADVENTURER CLUB HEALTH RECORD

Zip or health care #: _____

Allergies to drugs or foods: _____

Any special medications or pertinent information: _____

List any restrictions (physical or others e.g. Asthma) _____

TELEPHONE NUMBERS WHERE PARENTS MAY BE REACHED:

Father: _____

Mother: _____

Guardian: _____

Emergency phone (Friend or relative): _____

AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian of _____

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 a 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 photocopying of this health record is granted.

Name of Parent/Guardian (PLEASE PRINT) _____

Signature of Parent/Guardian _____

Date: _____

Email form to Garden Road SDA Explorers Adventurer Club explorer_adventurers@gardenroadadventist.ca