

LAKE REGION CONFERENCE

Youth Ministries Department

Pathfinder Permission / Emergency Consent Form

Name of Pathfinder:		Birth Date	
Date of Last Tetanus Booster:		Other Info	
Special Medications or Pertinent Information:			
Allergies to drugs or food:	1.	2.	
List of Restrictions:	1.	3.	
	2.	4.	

Emergency Contact Persons and Contact Numbers

Mother / Guardian Home Phone #		Mother / Guardian Mobile Phone #	
Father / Guardian Home Phone #		Father / Guardian Mobile Phone #	
Emergency Contact Name:		Emergency Contact Phone #	

Medical Information

Family Physician Name:		Phone #	
Physician Address:			
City:		State / Zip Code	
Insurance Information:			
Insurance Company:		Policy No.	
Company Address:			
City:		State / Zip Code:	

Authorization to Treat a Minor

I (We), the undersigned parent(s) or legal guardian of _____, in case of emergency, hereby give permission to the physician selected by the Pathfinder Club Director to hospitalize, secure proper treatment and to order injections, anesthesia for my child.

Parent/ Guardian Signature		Date:	
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Authorization for Applicant to attend Club Sponsored Events and / or Activities

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 as 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.

Parent/ Guardian Signature		Date:	
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