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:

Fathers Home Phone Father’s Work Phone Mothers HomePhone Mothers 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 mychild.

As parent or legal guardian of the applicant, I am in favor of him/her attending club functions and accept the conditions named. The heath 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 undemand the Emergency Authorization statement and give myfull 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.*