

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 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.