

# Pathfinder Health Record



(Please attach a copy of insurance card)

Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Insurance No. \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Allergies to drugs or food \_\_\_\_\_

Special medications or  
pertinent information \_\_\_\_\_

List any restrictions \_\_\_\_\_

	Home Phone	Cell Phone	Work Phone
Father			
Mother			
Other Adult			

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_

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 names. 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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian signature

**This form must be completed and signed annually or if any information has changed during the year.**

**THIS FORM MUST BE NOTARIZED**