

Pathfinder Health Record



Name: _____

Birth Date: _____

SSN: _____

Date of last Tetanus Booster: _____

Allergies to drugs or food:

Special Medications or pertinent information:

List of restrictions:

Father's Home Phone: (____) ____-____ Father's Work Phone: (____) ____-____

Mother's Home Phone: (____) ____-____ Mother's Work Phone: (____) ____-____

Emergency Phone (friend or relative): (____) ____-____

Family Physician Name: _____

Family Physician Address: _____

Family Physician Phone: (____) ____-____

Insurance Provider: _____

Insurance Policy Number: _____

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 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 photocopying of this health record is granted.

Date

Parent / Guardian Signature