



# Consent to Treat & Health Insurance Information

Name of Pathfinder Club: \_\_\_\_\_

We/I the undersigned parents/guardian of \_\_\_\_\_, a minor, do hereby give our/my permission for him/her to participate in this year's Pathfinder Club. We/I am aware that by my child's participating in this activity, there is the possibility that there may occur a need for emergency medical treatment as a result of accident or sickness.

**Health History:** If yes to any of the following, please check and elaborate below.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Frequent Sore Throats     | <input type="checkbox"/> Diabetic           | <input type="checkbox"/> Convulsions/Seizures |
| <input type="checkbox"/> Frequent Ear Infections   | <input type="checkbox"/> Rheumatic Fever    | <input type="checkbox"/> Asthma/Lung Problems |
| <input type="checkbox"/> Heart Defects/Disease     | <input type="checkbox"/> Stomach Problems   | <input type="checkbox"/> Bleeding/Clotting    |
| <input type="checkbox"/> Sickle Cell Disease/Treat | <input type="checkbox"/> Kidney Problems    | <input type="checkbox"/> Sleepwalking         |
| <input type="checkbox"/> Mononucleosis             | <input type="checkbox"/> False/Capped Teeth | <input type="checkbox"/> Bed-wetter           |
| <input type="checkbox"/> Glasses/Contacts          | <input type="checkbox"/> Sinusitis          | <input type="checkbox"/> Other                |

**Allergies - Describe type of allergy and reactions and specify drug/medication names.**

**Current Medications:** \_\_\_\_\_

**Date of last Tetanus Immunization/Booster:** \_\_\_\_\_ **Permission to administer (Y/N):** \_\_\_\_\_

**Physical restrictions/Abnormalities – Describe:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ **Emergency Phone#** \_\_\_\_\_

**In the event emergency medical treatment becomes necessary for my child, we/I grant to (Pathfinder Director) \_\_\_\_\_ or his or her assistants, authority to obtain such emergency medical assistance.**

We/I also consent to my child's being transported from the Pathfinder meeting premises by private car, church-owned bus, or other modes of transportation for the purpose of the activity. We/I further grant permission for medical personnel to administer emergency medical treatment. This consent shall remain in continuous effect until revoked in writing and delivered to the above-named director or to the club entrusted with the custody of said minor.

**Pathfinder insurance is coordinated with the Pathfinder's personal health care plan. Therefore, the above named Pathfinder's family health insurance is:**

**Present Health Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**