Consent to Treatment
and
Health Insurance Information

Name of Master Guide Club _____

We/I the undersigned parents/guardian of _____, a minor and over the age 16, do hereby give our/my permission for him/her to participate in this years Master Guide 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.

Complete the following.

　　　If yes to any of the following, please check and elaborate below.

Health History

_____ Frequent Sore Throats	_____ Diabetic	_____ Convulsions/Seizures
_____ Frequent Ear Infections	_____ Rheumatic Fever	_____ Asthma/Lung Problems
_____ Heart Defects/Disease	_____ Stomach Problems	_____ Bleeding/Clotting
_____ Sickle Cell Disease/Treat	_____ Kidney Problems	_____ Sleepwalking
_____ Mononucleosis	_____ False/Capped Teeth	_____ Bed-wetter
_____ Glasses/Contacts	_____ Sinusitis	_____ 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 _____

_____
Signature of Parent/Guardian　　　　　　　　　　　　　　　　　　　　Date

Parent/Guardian Name _____

Address _____

Daytime Phone _____ Cell Phone _____

MICHIGAN CONFERENCE OF SDA YOUTH DEPARTMENT