Adventurer Club Health Record

Name: _____ Birth date _____

Address _____
Street *City* *State* *Zip Code*

Home Phone _____ Social Security Number _____

Date of Last Tetanus Booster _____

Allergies to drugs of foods

Any Special Medications of pertinent information

List any restrictions

Telephone numbers where parents may be reached:

Father _____
Name *Home Phone* *Business Phone*

Mother _____
Name *Home Phone* *Business Phone*

Emergency phone (friend or relative) _____

Family Physician: _____
Name *Business Phone*

Physician's Address _____
Street *City* *State* *Zip Code*

Insurance Company _____ Policy # _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of _____
Name of Adventurer

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 this Emergency Authorization statement and give my full consent to the terms found terms. Permission photocopying of this health record is granted

_____
Signature of Parent/Guardian

_____
Date

This section is for the notary so sign if your state requires it.