



Adventurer Club Health Record



Child's Name _____ Birthdate _____

Date of last Tetanus Booster _____

Allergies (to food or medications) _____

Any special medications or pertinent information _____

List any restrictions _____

Persons authorized to pick up my child from class: _____

Telephone numbers where parents may be reached:

Father _____

Name

Cell Phone Number

Alternate Phone Number

Mother _____

Name

Cell Phone Number

Alternate Phone Number

Emergency phone (friend or relative) _____

Name

Phone Number

Family Physician _____

Name

Business Phone

Physician/Clinic Address _____

Street

City

State

Preferred Hospital _____

Insurance Company _____ Policy _____

Authorization to Treat a Minor

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

Name of Adventurer Child

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

Signature of parent/guardian

Date