

L A K E R E G I O N C O N F E R E N C E

Youth Ministries Department

Pathfinder Permission/Emergency Consent Form 2

Name of Pathfinder							
Birth Date				XXXXXX			
Date of Last Tetanus Booster					Other Info		
Allergies to drugs or food							
Special Medications or Pertinent Information:							
List of Restrictions							
Emergency Contact Persons and Contact Numbers							
Father's Home Phone				Father's Work or Cell Phone			
Mother's Home Phone				Mother's Work or Cell Phone			
Guardian's Home Phone				Guardian's Work or Cell Phone			
Emergency Phone - Relative or Friend							
Medical Information							
Family Physician Name						Phone No.	
Family Physician Address							
City			State			Zip Code	
Insurance Information							
Insurance Company						Policy No.	
Insurance Company Address							
City			State			Zip Code	
Authorization to Treat a Minor							
I (We) the undersigned parent, parents or legal guardian of							
In case of emergency, I (We) hereby give permission to the physician selected by the Club Directors to hospitalize, secure proper treatment, and to order injections, anesthesia for my child.							
Parent/Guardian Signature						Date	
Authorization for Applicant to attend Club Sponsored Events and/or Activities							
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 as far as I know, and the person herein described has permission to engaged 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 photo copying of this health record is granted.							
Parent/Guardian Signature						Date	