



PATHFINDER MEDICAL INFORMATION AND LIABILITY RELEASE RECORD

Parent/Guardian and Emergency Contact Information:

In the following section, please list the parent's/legal guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the parent(s)/guardian(s) cannot be reached.

Pathfinder's Name: _____ Date of Birth ____/____/____ (dd/mm/yy)

Parent(s)/Legal Guardian(s) _____

Address: _____ Home Phone # (____) _____

City: _____ Province: _____ PC: _____ Daytime/Cell Phone:(____) _____

Secondary Contact Person _____ Relationship to Pathfinder _____

Home Phone # (____) _____ Daytime/Cell Phone # (____) _____

Pathfinder's Health Record and Medical Information:

The Ontario Conference of Seventh-day Adventists is required by law to obtain the following health information before accepting a Pathfinder participant. **Please include a copy of immunization record with registration form.**

Pathfinder's Physician _____ Office Phone # (____) _____

Health Card # _____

(Health card number MUST be included for admission to camp).

History:

- Sore Throats Sleepwalking
- Sinusitis Heart trouble
- Bronchitis Diabetes
- Fainting Asthma
- Stomach upset Bed-wetting
- Kidney problems
- Convulsions
- Other** _____

Allergies:

- Drugs Plants Animals
- Foods Bee/Insect Stings

Antidote:

- Benadryl Anakit
- Epikit Other _____
- Nurse administered
- Self care

Does the Pathfinder have an epi-
pen? Yes No

Medications:

Is the child currently taking medication? No Yes

Drug Name _____

Dosage _____

Time _____

Permission to administer:

- Tylenol Benadryl
- Aspirin Naproxen
- Advil Gravol
- Cortisone cream

Medical and Liability Release:

I am/We are in favour of the aforementioned child attending Pathfinder events (i.e., fun days, fairs, rallies, field trips, club meetings, camporee, etc.) and participating in all activities. As parent(s)/legal guardian(s), I/We accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists and the appointed health professionals from liability in case of accident or illness. I/We support, and the applicant agrees to abide by all event rules and Pathfinder regulations and policies. In case of emergency, I/we give permission to the nurse/adult leader selected by the Pathfinder Council/Club to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my/our child.

Parent(s) / Guardian _____
Print Name

_____ **Print Name**

Parent(s) / Guardian _____
Signature

_____ **Signature**

Date: _____