

Adventurer Club Health Record



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Name _____ Birth date _____

Address _____
Street City State Zip

Home Phone _____ Social Security Number _____

Date of Last Tetanus Booster _____

Allergies to drugs or foods:
Any special medications or pertinent information:
List any restrictions:

Telephone numbers where parents may be reached:

Father _____
Name Phone Business Phone

Mother _____
Name Phone Business Phone

Emergency phone (friend or relative) _____

Family Physician _____
Name Business Phone

Physician's Address _____
Street City State Zip

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 for the physician selected by the club directors hospitalize, secure proper treatment for, and so order injection, anesthesia, or surgery for my child.

As parent or legal guardian of the applicant, I am in favor of him/her 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 _____

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