

Seventh-day Adventist® Church

ALBERTA CONFERENCE

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 Alberta 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
 Sinusitis
 Bronchitis
 Fainting
 Stomach upset
 Kidney problems
 Convulsions
 Other _____

ALLERGIES

Drugs
 Foods
 Benadryl
 Epikit
 Nurse administered
 Self care

Does the Pathfinder have an epipen?
 Yes No

MEDICATIONS

Is the child currently taking medication? Yes No
 Drug Name _____
 Dosage _____
 Time _____

PERMISSION TO ADMINISTER

Tylenol
 Aspirin
 Advil
 Cortisone cream



This form **MUST** be completed **FULLY** in order for registration to be complete.

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PATHFINDER CLUB MEDICAL INFORMATION AND LIABILITY RELEASE RECORD

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 Alberta 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 polices. 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 Signature

Parent(s) / Guardian _____
Print Name Signature

Date of Application _____

