

# Oklahoma Conference Pathfinder Health Record



Name \_\_\_\_\_

Pathfinder club: \_\_\_\_\_

Pathfinder conference: \_\_\_\_\_

Birth Date \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Allergies to drugs or food: \_\_\_\_\_

Medications taking: \_\_\_\_\_ dosage \_\_\_\_\_

\_\_\_\_\_ dosage \_\_\_\_\_

\_\_\_\_\_ dosage \_\_\_\_\_

Other health information needed: \_\_\_\_\_

\_\_\_\_\_

List of restrictions: \_\_\_\_\_

\_\_\_\_\_

Father's Home/cell Phone \_\_\_\_\_ Fathers Work Phone \_\_\_\_\_

Mother's Home/cell Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

Emergency Phone (friend or relative) \_\_\_\_\_

Family Physician Name \_\_\_\_\_

Family Physician Address \_\_\_\_\_

Family Physician Phone \_\_\_\_\_

Insurance info (copy of card attached front & back) \_\_\_\_\_

Signature: \_\_\_\_\_  
(parent or guardian)