

Permission Form

I (we) the undersigned parent(s) and/or guardian(s) of

Name of Pathfinder

do hereby give our permission for him/her to attend and participate in the

Name of event /activity

To be held at _____

Location of event/activity

during _____

Date(s) of the event/activity

Under the care and supervision of the _____ Pathfinder Club Staff.

A copy of this form shall be as valid as the original.

Signature(s) of Parent(s)/Guardian(s)

Date _____

Club Use Only

Date Turned in _____

Fee Paid _____

Counselor _____

Car Assigned to _____

The Health Record (or copy) should be attached to this form and kept with the vehicle in which the pathfinder is riding. The designated staff member in the club must know where each form is at all times during the event in case of need.

Pathfinder Health Record



Name _____

Birth Date _____

Date of last Tetanus Booster _____

Allergies to drugs or food: _____

Special medications or pertinent information: _____

List of restrictions: _____

Father's Home Phone _____ Father's Work Phone _____

Mother's Home Phone _____ Mother's Work Phone _____

Emergency Phone (friend or relative) _____

Family Physician Name _____

Family Physician Address _____

Family Physician Phone _____

Insurance Company _____

Insurance Policy Number _____

Authorization to Treat a Minor

I (we) the undersigned parent, parents or legal guardian of: _____
Name of Pathfinder

In case of emergency, I hereby give permission to the physician selected by the club directors to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

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 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 photo copying of this health record is granted.

Date _____ Parent/Guardian Signature _____

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



Pathfinder Club: _____
Medication Form

Medications:

Please list all medications that are taken by your child and instructions for that medication (including prescription and non-prescription medications). Medications brought to club outings must be in the original prescription packaging. ALL medications, including over-the-counter medications must be turned in to your child's counselor.

The following *over-the-counter medication* typically will be available while your child is attending club outings, if necessary or requested. When a parent is not available or can not be contacted I give permission to administer the following medications by the Pathfinder Director or adult staff member. Dosages will be listed on labels and generic equivalents will be used, if available. Please check YES if you approve or NO if you do not wish the medication to be used, for EACH medication.

Yes	___	No	___	Tylenol	(minor aches/pains, fever)
	___		___	Advil	(minor aches/pains, cramps)
	___		___	Tums	(upset stomach/nausea/indigestion)
	___		___	Maalox	(upset stomach/nausea/indigestion)
	___		___	Benadryl	(congestion, allergic reactions)
	___		___	Robitussin	(cough)
	___		___	Immodium	(diarrhea)
	___		___	Hall's cough drops	(sore throat/cough)

Child's Name: _____ Age: _____

Parent's Signature: _____ Date: _____