



# Health History, Consent to Treatment, and Health Insurance Information

Health History of Pathfinder Applicant:(child's full name) \_\_\_\_\_

List any health problems or concerns: \_\_\_\_\_

List any allergies: \_\_\_\_\_

Specify current medications: \_\_\_\_\_

Describe any physical restrictions: \_\_\_\_\_

Date of last tetanus immunization/booster: \_\_\_\_\_ Permission to administer? Yes No

Physician's Name: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

## Health Insurance Information

Is the above named pathfinder applicant covered by health insurance? Yes No

Present Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insured Parent/Guardian's Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

a. \_\_\_\_\_ a. \_\_\_\_\_

b. \_\_\_\_\_ b. \_\_\_\_\_

c. \_\_\_\_\_ c. \_\_\_\_\_

## Consent to Treatment

We/I the undersigned parents/guardians of the above named child, a minor, do hereby give our/my consent for the above named child, to participate in the Followers Pathfinder Club. We/I am aware that our/my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment becomes necessary for our/my child, we/I grant to Fares or Heidi Magesa (Club Directors), or their assistants, authority to obtain such emergency medical assistance. We/I further grant permission for medical personnel to administer emergency medical treatment.

We/I also consent to our/my child's being transported for the purposes of Pathfinder Club activities, by private, church owned or Andrews University owned vehicles or other modes of transportation as may be deemed necessary. We/I understand that said vehicles will be driven by adults 21 years old or above and, in the case of University owned vehicles, that the drivers will be approved by the Transportation Department of the University.

If the distance driven will be further than 10 miles, we/I understand that a permission slip will need to be signed at that time.

We/I also consent to having our/my child(ren) work with club staff members outside the regular club meeting times for special club activities, for honors or for class activities as deemed necessary by the club staff.

We/I agree to indemnify and hold harmless the Lake Union, the Michigan Conference of Seventh-day Adventists, the Michiana Fil-Am Church, and the Followers Pathfinder Club and its leaders and staff from liability arising from any accident or injury occurring during club-sponsored functions now and at any future time. This does not waive coverage within the policy limits of church accident insurance, which covers church-sponsored activities.

This consent shall remain in continuous effect until revoked in writing and delivered to the above-named director or to the club entrusted with the custody of said minor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date