

Seventh-day Adventist® Church

ALBERTA CONFERENCE

ADVENTURER CLUB
MEDICAL CONSENT

Adventurer name _____ Birth date _____

Address _____
Street City Prov PC.

Phone _____

Date of last tetanus booster _____

Allergies to drugs or foods _____

Medications _____

List any restrictions _____

CONTACT INFORMATION FOR PARENTS/GUARDIANS

Parent/guardian _____
Name Phone Email

Parent/guardian _____
Name Phone Email

Emergency contact (friend or relative) _____
Name Phone

Family physician _____
Name Phone

Physician's address _____
Street City State/Prov Zip/PC.

AUTHORIZATION TO TREAT A MINOR

I (we), the undersigned parent or legal guardian of _____
The above named Adventurer

In case of emergency, I hereby give permission to the physician selected by the club staff 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 photocopying of this form is granted.

Signature of Parent/Guardian

Date

