

Consent to Treatment & Health Insurance Information

Name of Adventurer Club Stevensville Stars

We/I the undersigned parents/guardian of _____, a minor, do hereby give our/my permission for him/her to participate in this year's Adventurer Club. We/I am aware that by my child's participating in this activity, there is the possibility that there may occur a need for emergency medical treatment as a result of accident or sickness.

Complete the following.

If yes to any of the following, please check and elaborate below.

Health History

<input type="checkbox"/> Frequent Sore Throats	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Convulsions/Seizures
<input type="checkbox"/> Frequent Ear Infections	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Asthma/Lung Problems
<input type="checkbox"/> Heart Defects/Disease	<input type="checkbox"/> Stomach Problems	<input type="checkbox"/> Bleeding/Clotting
<input type="checkbox"/> Sickle Cell Disease/Treat	<input type="checkbox"/> Kidney Problems	<input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> False/Capped Teeth	<input type="checkbox"/> Bed-wetter
<input type="checkbox"/> Glasses/Contacts	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other _____

Allergies - Describe type of allergy and reactions and specify drug/medication names. _____

Current Medications _____

Date of last Tetanus Immunization/Booster: _____ **Permission to administer (Y/N):** _____

Physical restrictions/Abnormalities – Describe: _____

Family Physician: _____ **Emergency Phone#** _____

In the event emergency medical treatment becomes necessary for my child, we/I grant to _____ (Adventurer Director) or his or her assistants, authority to obtain such emergency medical assistance.

We/I also consent to my child's being transported from the Adventurer meeting premises by private car, church-owned bus, or other modes of transportation for the purpose of the activity.

We/I further grant permission for medical personnel to administer emergency medical treatment.

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.

Adventurer insurance is coordinated with the Adventurer's personal health care plan. Therefore, the above named Adventurer's family health insurance is:

Present Health Insurance Company _____

Policy Number _____

Signature of Parent/Guardian _____ Date _____

Parent/Guardian Name _____

Address _____

Daytime Phone _____ Cell Phone _____