

Medical Consent Form

From time to time, our pathfinder club will be conducting outdoor activities. It is important for us to have medical history records and be able to have medical consent in the case of a medical emergency. Please fill out the medical consent form below.

Medical consent form. *(This form must be notarized)*

Pathfinder's Name: _____

Medical Insurance Provider: _____ Policy #: _____

Parent/Guardian's Cell Phone: _____ Work Phone: _____

Other Guardian in Case of Emergency _____

Cell Phone: _____ Work Phone: _____

Physician's Name: _____ Phone: _____

MEDICAL HISTORY

Weight: _____ Height: _____ Last Tetanus Shot: _____

Food Allergies: _____

Medication Allergies: _____

Medications Receiving Now: _____

Medical History (*i.e., Recent surgery, diabetic, chronic illness*) _____

Person to notify in case of accident or illness if parents are not available:

Name: _____ phone: _____

Relationship to child: _____

MEDICAL CONSENT

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above-named child. *(One of the types of treatment must be marked).*

- | | |
|--|--|
| <input type="checkbox"/> Emergency Surgery | <input type="checkbox"/> Both of the These |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> None of the Above |

Signature of Parent/Guardian: _____

Subscribed and acknowledged before me this _____ day of, _____ by _____, who is personally known to me or who has produced identification.

Notary Seal: _____ public signature, state of Florida

If you are new, how did you hear about us? _____