

# Adventurer Club Medical Consent

Adventurer name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State/Prov. Zip/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

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



**Note:** You must get this form from your Conference office.