

# Consent to Treatment & Health Insurance Information

Name of Adventurer Club \_\_\_\_\_

We/I the undersigned parents\guardian of \_\_\_\_\_, a minor, do hereby give our/my consent for him/her to participate in the 2012-2013 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.

Name (s) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

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

### Health History

\_\_\_\_\_ Frequent Sore Throats

\_\_\_\_\_ Diabetic

\_\_\_\_\_ Convulsions/Seizures

\_\_\_\_\_ Frequent Ear Infections

\_\_\_\_\_ Rheumatic Fever

\_\_\_\_\_ Asthma/Lung Problems

\_\_\_\_\_ Heart Defects/Disease

\_\_\_\_\_ Stomach Problems

\_\_\_\_\_ Bleeding/Clotting

\_\_\_\_\_ Sickle Cell Disease/Treat

\_\_\_\_\_ Kidney Problems

\_\_\_\_\_ Sleepwalking

\_\_\_\_\_ Mononucleosis

\_\_\_\_\_ False/Capped Teeth

\_\_\_\_\_ Bed-wetter

\_\_\_\_\_ Glasses/Contacts

\_\_\_\_\_ Sinusitis

\_\_\_\_\_ Other \_\_\_\_\_

Allergies - Describe type of allergy and reactions and specify drug/medication names  
\_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

Date of last Tetanus Immunization/Booster: \_\_\_\_\_ Permission to administer tetanus if needed? Yes No

Physical Restrictions/Abnormalities: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

In the event of an emergency, we/I grant \_\_\_\_\_ (Adventurer Director of Club) or his/her assistant, \_\_\_\_\_, authority to obtain 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 the said minor.

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

*Present Health Insurance Company* \_\_\_\_\_

*Policy Number* \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_