

MEDICAL CONSENT

In these days of lawsuits, medical consent forms are a necessity on every outing. The basic idea of the form is that it gives parental authorization for a doctor to treat a minor. It, also, provides information on where the parents and family doctor can be located.

The consent form provides protection for the doctor, the child, and the club director.

1. The doctor - a doctor who would give medical assistance to a child without the knowledge of the parents would take a tremendous risk. If the results are serious or even fatal, the parents may sue. A signed consent form may be enough to persuade a doctor that the parents are unlikely to sue. (Many young people have been given medical aid at a remote hospital or office after the leader produced a consent form. Other times the form has not helped at all).
2. The child - leaders who take a child on an outing have an obligation to provide the best medical care. Not having a form would severely reduce that chance.
3. The director - if a child is injured and is not able to get proper medical care because the director did not bother to require medical consent forms, that director could certainly be a target for a liability suit.

Note:

Medical consent forms may be dated in such a way that they are good for the whole year. This has the obvious advantage of saving a lot of work in collecting new forms for each outing. There are two disadvantages to year-long consent forms. First, a form signed several months ago will not be as impressive to a doctor as one signed yesterday. Secondly, the form won't have current information on the location of the parents. They may be out of town the weekend of the particular outing on which their child is injured. Use your judgment.

PATHFINDER MEMBERSHIP APPLICATION

PATHFINDER LAW

Keep the Morning Watch
Do my honest part
Care for my body
Keep a level eye
Be courteous and obedient
Walk softly in the sanctuary
Keep a song in my heart
Go on God's errands

PATHFINDER PLEDGE

By the grace of God
I will be pure, kind, and true
I will keep the Pathfinder Law
I will be a servant of God
And a friend to man

(Please check one that applies)

I wish to: Apply for membership
 Renew my membership
 Transfer my membership
from _____

Personal Information

Name _____ Age _____ Birthdate _____
Address _____ Male Female
City, State, Zip _____ Phone # _____
Grade in School _____ Baptized? Yes No Name of Church _____

Check all Pathfinder levels you have COMPLETED:

E-TRACKER: Friend Companion Explorer Ranger
VARSITY: Voyager Guide Pioneer Navigator

APPLICANT'S COMMITMENT: I agree to be guided by the rules of the club and the Pathfinder Pledge and Law, and I will attend club meetings, campouts and other club outings and activities.

Signature of Pathfinder

Date

Family History

Father: Seventh-day Adventist? Yes No Church: _____

Has he worked with Pathfinders before? Yes No Master Guide? Yes No

Mother: Seventh-day Adventist? Yes No Church: _____

Has she worked with Pathfinders before? Yes No Master Guide? Yes No

PARENT OR GUARDIAN APPROVAL: We hereby signify the applicant is in at least fifth grade. We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes a Pathfinder. We will assist the applicant in observing the rules and guidelines of the Pathfinder organization. As parents (or guardians), we understand that the Pathfinder Club program is an active one for the applicant. It includes many opportunities for service, adventure, discipleship training, and fun. We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.

Parent/Guardian Signature: _____ Date: _____

CLUB USE ONLY

Membership Application completed
 Health & Medical Records

Uniform Arrangements made
 Dues Paid

Inducted into Full Membership on: _____

Signature of Club Director: _____ Date: _____

MEDICAL CONSENT FORM

(This form must be notarized)

Child's Name _____ Birthdate _____ Sex _____
Social Security # _____ Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Father's Name _____ Social Security # _____
Home Phone _____ Office Phone _____ Mobile Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Mother's Name _____ Social Security # _____
Home Phone _____ Office Phone _____ Mobile Phone _____
Address _____ City _____ State _____ Zip _____
Medical insurance _____ # _____

Physician's Name _____ Phone _____

MEDICAL HISTORY

Weight _____ Height _____ Last Tetanus shot (Date) _____

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: _____

I, _____, (parent/guardian) give the following emergency medical treatment consent for the above named child. Effective from date of _____ to _____.

- Emergency Surgery
- First Aid
- Both of the above
- None of the above

(One of the types of treatment must be marked.)

Signature of Parent/Guardian _____

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

(Notarial Seal) Notary Public, State of Florida