

# Seventh-day Adventist® Church

ALBERTA CONFERENCE

ADVENTURER CLUB  
MEDICAL CONSENT

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

Address \_\_\_\_\_  
**Street City Prov 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**

