

Durham Trailblazers Pathfinder Club
Medical Information and Release Record 2020-2021

Please complete all information on both sides and use the fillable form if possible. If not, please PRINT CLEARLY.

Guardian and Emergency Contact Information:

In the following section, please list the parent's/guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified in the parent(s)/guardian(s) cannot be reached.

Pathfinder's Name: _____ Date of Birth: _____ (d/m/y)

The club communicates with parents/guardians on a regular basis through email. Please indicate at which email addresses you would like to receive communication. Please keep your contact information up-to-date with Pathfinders should it change during the year.

Mother/Guardian: _____ Land Line: _____
Address: _____ Cell Phone: _____
City: _____ PC: _____ Work Phone: _____
Email: _____ Email Communication: Yes No

Father/Guardian: _____ Land Line: _____
Address: _____ Cell Phone: _____
City: _____ PC: _____ Work Phone: _____
Email: _____ Email Communication: Yes No

Secondary Contact: _____ Land Line: _____
Relationship to Pathfinder: _____ Cell Phone: _____
Email: _____ Work Phone: _____

Pathfinder's Health Record and Medical Information: (ALL information must be completed each year)

Pathfinder's Physician: _____ Office Phone: _____
Heath Card Number: _____ (must complete Dr. info and card # yearly)

History: (Allergies on reverse)

Asthma	Fainting	Sinusitis	Sore Throat
Bed-wetting	Heart Trouble	Sleepwalking	Stomach Upset
Bronchitis	Kidney Trouble	Other:	_____
Diabetes	Seizures		_____

Special Dietary Requirements/Sensitivities other than vegetarian (Please be specific):

The health information stated above is correct so far as I know. Parent/Guardian Initials: _____

Allergies:

Allergy to:	Specify:	Reaction:	Severity:	Antidote:
Animals	_____	_____	_____	_____
Bees/Insects	_____	_____	_____	_____
Drugs	_____	_____	_____	_____
Foods	_____	_____	_____	_____
Plants	_____	_____	_____	_____
Other	_____	_____	_____	_____

Medications: Is the Pathfinder currently taking medication on a regular basis? Yes No

Drug Name:	Dosage:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Pathfinder medical staff will administer all medications on overnight trips. Medications will be given to the staff upon drop off and picked up from the staff upon pickup. Medications are not to be kept by the Pathfinder with the exception of emergency medications such as inhalers and Epi-pens.

Immunizations: Up to Date Exemption Letter

Permission to Administer Medications: (Check either Yes or No)

Acetaminophen (Tylenol)	Yes	No	May be given for fever, headache, or pain relief
Cortisone cream	Yes	No	May be given for an allergic reaction
Dimenhydrinate (Gravol)	Yes	No	May be given for motion sickness, nausea, or vomiting
Diphenhydramine (Benadryl)	Yes	No	May be given for an allergic reaction
Ibuprofen (Advil)	Yes	No	May be given for an anti-inflammatory or pain relief
Naproxen (Aleve)	Yes	No	May be given for menstrual cramps

Consent to Medical Treatment and Authorization to Release Information:

I, the undersigned, do hereby consent to any x-ray examination, anaesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instruction of the Pathfinder personnel, whether said diagnosis or treatment is rendered at the office of a physician or dentist, at a licensed hospital, or at the activity. It is understood that this consent is given in advance of any specific diagnosis or treatment, which might be required and is given to authorize Pathfinder leadership or the physician to exercise his/her best judgement as to the requirement of such diagnosis or treatment.

This consent shall remain in continuous effect until said minor is removed from the care of the Durham Trailblazers Pathfinder Club by the parent or guardian. The health information stated above is correct so far as I know.

Parent/Guardian: _____ Date: _____

Print Name

Signature