Adventurer Medical Consent Form

Child's name _____ Birth date _____ Age ____ Grade ____

Parent(s) name(s) _____

Address _____

Street City State Zip

Home Phone _____ Cell Phones _____

Emergency Contact _____ Emergency Contact Phone _____

Medical Information

Date of last tetanus booster _____ Allergies to Medications _____

Allergies to foods _____

Medications currently being taken _____

List any restrictions _____

Physician's name _____ Office Phone _____

Insurance Information

.Insurance? ___ Yes ___ No Insurance Company name _____

Consent to Treat and Hold Harmless

I (we) the undersigned parent, parents, or legal guardian of the above named child understand that I am expected to be involved in Adventurer meetings and events. However, if I am unable to be located and emergency treatment is needed, I (we) give permission for adult leaders or volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can be reasonably contacted. I understand that should any medical bills be incurred, our family's insurance(s) will be primary.

I further, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child's behalf fully release and hold harmless the Upper Columbia Conference of Seventh Day Adventists,, Pendleton Adventist Church, or their affiliated entities, any of its agents, employees and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my child's participation in the Adventure Club and any and all activities.

Parent/Guardian signature _____ Date _____

Parent/Guardian printed name _____