

# Adventurer Health Record & Consent to Treatment



Name \_\_\_\_\_

Address \_\_\_\_\_  
*Street Address* *City, State, Zip*

Birth Date      /      /      Social Security #      -      -       
*Mo Day Yr*

Date of last Tetanus Booster      /      /       
*Mo Day Yr*

List all Allergies to drugs, food, other:

List current medications or pertinent medical information:

List any restrictions on activities, etc:

Names of Parents/Legal Guardians \_\_\_\_\_

Parent/Guardian Home Phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone \_\_\_\_\_ Parent/Guardian Other Phone \_\_\_\_\_

Emergency Name & Phone (friend/relative) \_\_\_\_\_  
*Name Phone Relationship to child*

Family Physician Name \_\_\_\_\_

Family Physician Address \_\_\_\_\_  
*Street Address City, State, Zip*

Family Physician Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
*(Please attach photocopy of insurance card.)*

## Authorization for Medical Treatment of a Minor:

I (we) the undersigned parent(s) or legal guardian of \_\_\_\_\_ hereby give  
*Name of Minor*

permission to the physician selected by the club director to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery for my child in the event it becomes necessary in an emergency. As parent/legal guardian, I am in favor of my child attending/participating in Adventurer events and accept the conditions named herein. This health history stated is correct so far as I know, and my child my has permission to engage in all prescribed club activities except as noted above. In addition, I have read and understand this Emergency Authorization statement and give my full consent to the terms found therein. Permission for photocopying this health record is granted and a photocopy shall be as valid as the original.

\_\_\_\_\_ *Date* \_\_\_\_\_ *Parent/Guardian Signature*

\_\_\_\_\_ *Signature of Witness*

**NOTE:** This completed form is to be kept on file at the local Adventurer Club. A copy must be brought on every Adventurer outing or trip.

# Southern New England Conference



## Adventurer Club Member Application

I would like to join the \_\_\_\_\_ Adventurer Club. I will attend meetings, hikes, camping and field trips, missionary adventures and other club activities. I agree to be guided by the rules of the club and the Adventurer Pledge & Law.

### Pledge

Because Jesus loves me,  
I can always do my part.

### Law

Be obedient.	Be attentive.
Be pure.	Be helpful.
Be true.	Be cheerful.
Be kind.	Be thoughtful.
Be respectful.	Be reverent.

### Please print legibly:

Name:	Phone:	Last AJY Level Completed:
Address:		Age:
		Grade:
School:	Church:	Pastor:
I have been an Adventurer before:    Yes    No    (Circle one)    If yes, where?		
Adventurer Signature:	Dues:	
Date:	Total Paid:	

### Parent/Guardian Approval:

The applicant is \_\_\_\_\_ years of age at this time. We have read the Pledge & Law and are willing and desirous that the applicant become an Adventurer. We will assist the applicant in observing the rules of the Adventurer Club. In consideration of the benefits derived from membership, we hereby voluntarily waive any claim against the club or the Southern New England Conference of Seventh-day Adventists for any accidents which may arise in connection with the activities of the Adventurer Club. As parents, we understand that the Adventurer Club program is an active one for the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and the club leaders.
2. By encouraging the applicant to take an active part in all club activities.
3. By attending events to which parents are invited.
4. By assisting club leaders and by serving as assistants when called upon.
5. By purchasing Adventurer Club insurance through the club.

Parent/Guardian Signature:	Date:	Printed Name:
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