

Markham Woods Church of Seventh-day Adventists  
Pathfinder Club  
Young People Trying to Make The World A Better Place

**Information/Medical Consent Form**

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
SS# \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Church Affiliation \_\_\_\_\_ School Attending \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
SS# \_\_\_\_\_ Medical Ins. \_\_\_\_\_ Number \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
SS# \_\_\_\_\_ Medical Ins. \_\_\_\_\_ Number \_\_\_\_\_  
Employer \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Medical History**

Weight \_\_\_\_\_ Height \_\_\_\_\_ Last Tetanus Shot \_\_\_\_\_  
Medication Allergies \_\_\_\_\_  
Food Allergies/Requests \_\_\_\_\_  
Other Allergies \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Medical History (i.e. recent surgery, diabetic, chronic illness) \_\_\_\_\_  
Person to notify in case of accident or illness \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give the following emergency medical treatment consent for the above mentioned child. Effective from August 2011 to August 2012

\_\_\_\_ Emergency Surgery (One of the types of treatment must be marked.)

\_\_\_\_ First Aid

\_\_\_\_ Both of the Above

\_\_\_\_ None of the Above

Signature of Parent/Guardian \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2011.

Notary Signature \_\_\_\_\_  
(Date of seal expiration)