



Adventurer Club Medical Consent Form

Updated 10/2016

Child's Name _____ Birth Date _____ Age _____ Grade _____

Parent(s) Name(s) _____

Address _____
Street City State ZIP

Home Phone _____ Cell Phone _____

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 at **ALL** Adventure 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 reasonably be contacted. I understand that should any medical bills be incurred, our family's insurance(s) will be primary and the Oregon Conference general liability insurance will be secondary, up to a maximum of \$5,000.00 for one year from the injury date.

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 agree to hold harmless the Oregon Conference of Seventh-day Adventists its affiliated entities, and 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 _____