

Pathfinder Medical Release



I, _____ the parent/legal guardian of _____ (name of youth/child), hereby authorize Event Sponsor employees or volunteers to administer first aid or seek emergency care for my child if necessary. Furthermore, I authorize any necessary medical care or medical procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advised by a physician to safeguard my child's health in the event that I cannot be contacted. I waive my right of informed consent for such treatment. I understand that I will be responsible for any medical expenses occurring as a result of such treatment.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Child's Date of Birth: _____

Doctor: _____ Phone: _____

Insurance Provider: _____

Insurance ID/Group No.: _____

Primary Policy Holder: _____

Allergies: _____

Medication Currently Taken: _____

Any Present Health Concerns? _____

Date of Last Tetanus Shot: _____