Southern New England Conference of the Seventh-Day Adventist Church
Pathfinder Member Application & Consent for Treatment

1. Personal & Emergency Contact Information

Applicant Name: _____ **Age:** _____ **Birth Date:** __/__/____

Investiture Achievement Class Completed: ☐ Friend ☐ Companion ☐ Explorer ☐ Ranger ☐ Voyager ☐ Guide

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

School: _____ Grade: _____ Gender: M F

Church: _____ Baptized(SDA) ☐ yes ☐ no Baptism Date: ____/____/_____

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Parent/Guardian Contact Information

Name: _____ Relationship: _____

Phone: _____ Email: _____

Additional Contact in event parent(s)/guardian(s) cannot be reached:

Name: _____ Relationship: _____ Phone: _____

2. Allergies/Health History/Medical Insurance

Physician's Name: _____ Physician's Phone Number: _____

Health Insurance Company: _____ Policy Number: _____

Insured parent/guardian name: _____ Phone: _____

Does club member have any current physical, medical, or psychological conditions requiring medication, treatment, or special consideration or activity restrictions while participating in any Pathfinder event? ☐ Yes ☐ No If yes, please explain below:

_____

_____

Check Yes or No for each statement. Explain "yes" answers below.

	Y	N		Y	N
Ever been hospitalized?	☐	☐	Had fainting or dizziness?	☐	☐
Ever had surgery?	☐	☐	Passed out/had chest pain during exercise?	☐	☐
Have a recurrent/chronic illness?	☐	☐	Had mononucleosis in the past 12 months?	☐	☐
Had a recent infectious disease?	☐	☐	Traveled outside the U.S. in the past 9 months?	☐	☐
Had a recent injury?	☐	☐	Have problems with falling asleep/sleepwalking?	☐	☐
Had asthma/wheezing/shortness of	☐	☐	Ever had back/joint problems?	☐	☐
breath?	☐	☐	Have a history of bed-wetting?	☐	☐
Have diabetes? Type 1 Type 2?	☐	☐	Have a problem with diarrhea/constipation?	☐	☐
Had seizures?	☐	☐	Have any skin problems?	☐	☐
Had headaches?	☐	☐	If female, have problems with menstrual cycle?	☐	☐
Have impaired vision?	☐	☐			

Please explain "yes" response in the space provided. _____

_____

_____

Child's Name: _____ **Age:** _____

Allergies: No known allergies

This Club member is allergic to: ☐ Environment (e.g., insect bites, sun) ☐ Food ☐ Medicine ☐ Other

Please describe below what the Pathfinder is allergic to and their typical reaction.

_____

_____

Does the Pathfinder require medication administered for allergic reactions? ☐ Benedryl/Diphenhydramine ☐ Epi Pen

Other: _____

Date of last Tetnus immunization/booster: ___/___/____ Permission to administer Tetnus in an emergency? ☐ Yes ☐ No

3. Consent to Administer Medication and or Treatment

I give consent for_____ Pathfinder Club to administer and/or supervise self administration of medication for the following over the counter and prescription medication to my child.

☐ **Please call first prior to administering any medication**

Over the Counter Medications

- ☐ Acetaminophen
- ☐ Ibuprofen
- ☐ Benedryl/Diphenhydramine
- ☐ Cough Syrup
- ☐ Tums

Prescription Medication

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

My child is currently taking the following medication:

Name of Medication	Dosage	Frequency	Reason for taking medication

Should the medication or dosage required change while the participant is registered in the program, it is the Parent/Legal guardian's responsibility to make the necessary revisions to this form or to complete a new form immediately.

1. All prescriptions shall be maintained with the child's name and shall be dated
2. Prescription medication must be stored in the original bottle with unaltered label. Medication requiring refrigeration must be properly stored.
3. Prescription and non-prescription medication shall be administered in accordance to the label directions

I fully acknowledge that while all precautions for the safe administration of medication will be taken _____ _____ Pathfinder club are not medically qualified to supervise this duty and that inherent in this, there may be risks or hazards for which I will not hold SNEC or any of its representatives responsible. I will also agree that I will ensure that all medication I provide for my child during any events has not expired and will be provided to the staff at time of events and picked up and maintained at home. No medication will be held on the premises outside of meetings and events.

I/we the parent/guardians hereby give my consent for the above named child to participate in the 2017-2018 Pathfinder year. I/we am aware that my child may at some point require emergency medical treatment as a result of accident or sickness. In the event emergency medical treatment become necessary for my child, I/we grant permission to _____ _____ Club Director and staff authority to obtain such emergency medical assistance. I/we further grant permission for medical personnel to administer emergency medical treatment.

4. Approval by Parent/Legal Guardian for Club Membership

The applicant must be in grades five through ten to become a Pathfinder.

We will assist the applicant in observing the rules of the Pathfinder Organization. In consideration of the benefits derived from membership, we hereby wave any claim against the club or the Southern New England Conference of the Seventh Day Adventist Church for any accidents that may arise in connection with the activities of the Pathfinder Club

As Parents we understand that the Pathfinder Club program is an active one of the applicant. It includes many opportunities for service, adventure and fun. We will cooperate:

1. By learning how we can assist the applicant and his/her leaders.
2. By encouraging the applicant to take an active part in all activities.
3. By attending events to which parents are invited.

Please be advised that the activities of this club will be recorded using pictures, videos, and brief summaries of participation in events/activities for use in club/conference websites, newsletters, marketing materials, presentations, and social media (including but not limited to: Facebook, Youtube, Twitter, Snapchat, Instagram etc.)

By signing this form, I declare that I have read and understand the contents of this form and agree to all the terms and conditions herein.

I declare that I am the legal parent and/or guardian of the child listed above and that I am authorized to sign this document. The information I have provided is truthful and accurate to the best of my knowledge.

Parent/Guardian Signature: _____ Date: ___/___/____

I would like to join _____ Pathfinder Club. I will attend club meetings, hikes, camping and field trips, outreach and social activities, and any other club activities. I agree to be guided by the rules of the club and the Pathfinder Pledge and Law.

Pathfinder Signature: _____ Date: ___/___/____

Form used with permission and modified from Merrimack Valley Kings Kid Pathfinder Club