



ADVENTURER MEDICAL INFORMATION AND LIABILITY RELEASE RECORD

Parent/Guardian and Emergency Contact Information:

In the following section, please list the parent's/legal guardian's name and contact information as well as an additional emergency contact person. The additional person will be notified if the parent(s)/guardian(s) cannot be reached.

Adventurer's Name: _____ Date of Birth ____/____/____ (dd/mm/yy)

Parent(s)/Legal Guardian(s) _____

Address: _____ Home Phone # (____) _____

City: _____ Province: _____ PC: _____ Daytime/Cell Phone:(____) _____

Secondary Contact Person _____ Relationship to Adventurer _____

Home Phone # (____) _____ Daytime/Cell Phone # (____) _____

Adventurer's Health Record and Medical Information:

The Ontario Conference of Seventh-day Adventists is required by law to obtain the following health information before accepting an Adventurer participant. **Please include a copy of immunization record with registration form.**

Adventurer's Physician _____ Office Phone # (____) _____

Health Card # _____

History:

- Sore Throats Sleepwalking
- Sinusitis Heart trouble
- Bronchitis Diabetes
- Fainting Asthma
- Stomach upset Bed-wetting
- Kidney trouble
- Special dietary
- Convulsions
- Other**

Allergies:

- Drugs Plants Animals
- Foods Bee/Insect Stings

Antidote:

- Benadryl Anakit
- Epikit Other
- Nurse administered
- Self care
- Other:**

Medications:

Is the child currently taking medication?

- No Yes

Drug Name _____

Dosage _____

Time _____

Permission to administer:

- Tylenol Plain Yes No
- Aspirin Yes No

Medical and Liability Release:

I am/We are in favour of the aforementioned child attending Adventurer events (i.e., fun days, fairs, rallies, field trips, club meetings, camporee, etc.) and participating in all activities unless otherwise specified. As parent(s)/legal guardian(s), I/We accept the conditions stated, including the release of the Ontario Conference of Seventh-day Adventists from liability in case of accident or illness. I/We support, and the applicant agrees to abide by all event rules and Adventurer regulations and policies. In case of emergency, I/we give permission to the nurse/adult leader selected by the Adventurer Council/Club to hospitalize, secure proper treatment for, and to order injections, anaesthesia, or surgery for my/our child. If the child's medical information changes after initial submission, please notify the Ontario Conference Adventurer Department and your child's Adventurer Club in writing.

Parent(s) / Guardian _____

Print Name

Print Name

Parent(s) / Guardian _____

Signature

Signature

Date: _____