



# 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: \_\_\_\_\_