PERMISSION & MEDICAL CONSENT FORM
Oregon Conference Pathfinders

Name _____ Age _____ Birth Date _____ ☐ M ☐ F
Address _____ Phone _____
City _____ State _____ Zip Code _____
Club _____ Grade in school _____
Parent / Legal Guardian(s) Name (Father) _____ (Mother) _____

Event Participation
I understand that I am required to give my consent before my child can participate in this event. By signing this form, I hereby represent that I am the custodial parent or legal guardian of the child listed below and that I consent to my child's participation in this event, including transportation to and from the event (if applicable).

Event: _____ Event Date: _____
Event Location: _____

Medical Permission
I give permission for adult leaders/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) may be used and the Oregon Conference general liability insurance (Risk Management) is limited in amount up to a maximum of $5,000 for one year from the injury.

Family Insurance Company: _____

Family Insurance Policy Number: _____

Allergies: Please list all allergies your child has: _____

_____

Medications: Please list all medications your child takes: _____

_____

Physical Conditions: Please list any conditions that limit your child's participation in this event: _____

_____

Please list any **dietary requirements and/or allergies** that must be observed: _____

_____

I, 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 not to sue the Oregon Conference of Seventh-day Adventists 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 event, including transportation to and from the event and any provision of medical care.

_____ _____
(Parent/Guardian Signature) (Date)

_____ _____
(Parent/Guardian Name – please print) (Cell or Daytime Phone) (Nighttime Phone)