

Name: _____

The following information will be used for all club activities for the 2011-2012 Pathfinder year.

Please note on the event permission form if there are any changes from this information.

All events will be sponsored by the Georgia-Cumberland Conference and/or the Apison SDA Church, Apison TN I do hereby state that said child is physically and medically able to participate in the club activities. I do hereby release and discharge the Apison SDA Church and its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action which might be asserted in behalf of said minor and/or myself against the Apison SDA Church, representatives, or staff. Furthermore, in the event of an accident, if said staff or representatives are unable to contact the undersigned, I hereby grant permission to said staff or representative to administer first aid, and/or to take the applicant to a medical facility for treatment.

Signed _____

Printed Name _____

Relationship to applicant _____

Please check any OTC (over the counter) meds that the staff is allowed to give the Pathfinder.

- | | |
|---|--|
| <input type="checkbox"/> Ibuprofen (headache or pain) | <input type="checkbox"/> Antibiotic ointment (wound care) |
| <input type="checkbox"/> Acetaminophen (as needed headache or pain) | <input type="checkbox"/> Charcoal tabs (upset stomach) |
| <input type="checkbox"/> Motrin (muscle pain) | <input type="checkbox"/> Benadryl caplets (insect bite, allergy) |
| <input type="checkbox"/> Loperamide Hydrochloride 2 mg (diarrhea) | <input type="checkbox"/> Caladryl cream (itching) |
| <input type="checkbox"/> Visine or clear eye drops (itching eyes) | <input type="checkbox"/> Cough Drops (cough) |
| <input type="checkbox"/> Mylanta, Maalox or Tums (upset stomach) | |

Special Instructions _____

Medications currently taken by the applicant and any allergic reactions for this applicant must be listed below along with the applicant's doctor's name and phone number.

If Pathfinder has own medications they must be kept and administered by staff.

Medications _____

Allergies _____

Doctor _____ Phone _____

Dentist _____ Phone _____