

# VALLEY VIEW PATHFINDERS – 2022 -2023

## Membership Application and Health Information Form

Pathfinder's Full Legal Name				Birthday	
<input type="text"/>				<input type="text"/>	
Home Phone Number (If Applicable)		Grade	Age	Gender M <input type="checkbox"/> F <input type="checkbox"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>		
Address			City	State	Zip Code
<input type="text"/>			<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	Cell Phone	Work Phone	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mother's Name	Cell Phone	Work Phone	Email		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

### Alternate Emergency Contacts (Parents will be contacted first.)

(1) Name		Relationship to Pathfinder			
<input type="text"/>		<input type="text"/>			
Cell Phone	Home Phone	Work Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
(2) Name		Relationship to Pathfinder			
<input type="text"/>		<input type="text"/>			
Cell Phone	Home Phone	Work Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
(3) Name		Relationship to Pathfinder			
<input type="text"/>		<input type="text"/>			
Cell Phone	Home Phone	Work Phone			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

### Pathfinder Doctor/Dentist Information

Physician	City/State	Office Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Dentist	City/State	Office Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Pathfinder Health Insurance Information

Health Insurance Company			
<input type="text"/>			
Employer		City/State	
<input type="text"/>		<input type="text"/>	
Policy Holder	Birthdate	Policy/Member Number	Group Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PATHFINDER MEDICAL INFORMATION 2022-2023**

Please help us make your child's Pathfinder experience even safer by completing ALL of the Pathfinder Medical Information.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Chickenpox	Specify <input type="text"/>
<input type="checkbox"/> Dental braces	<input type="checkbox"/> Hypoglycemia (Low Blood Sugar)
<input type="checkbox"/> Dental retainer	<input type="checkbox"/> Measles
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Migraines (diagnosed by Doctor)
<input type="checkbox"/> Ear Tubes	<input type="checkbox"/> Mumps
<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Ringing in Ears
<input type="checkbox"/> Contacts	<input type="checkbox"/> Seizures
<input type="checkbox"/> Fainting Spells	<input type="checkbox"/> Swimmer's Ear
<input type="checkbox"/> Headaches	<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Hearing Aid(s)	<input type="checkbox"/> Other <input type="text"/>

**Allergies**

Medication	Reaction	Treatment

  

Food	Reaction	Treatment

  

Other	Reaction	Treatment

**Immunization Status:**

Tetanus: Month  Year

Chickenpox: Month  Year

Pathfinder Name:

**Medications & Vitamins to be taken at Pathfinder activities**

Medication Name	Dose	How Often	Reason	What happens if dose is missed?

**Over-the-counter medications** will be available while your child is at Pathfinder activities if needed. The medication supply includes but is not limited to the list below. These medications may be administered under the direction of the club nurse. Dosages will be as listed on labels. Generic equivalents may be used if available. Please check YES if you approve or NO if you do not approve of the medication being used (for each medication):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Tylenol (minor aches/pains, fever)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Benadryl(congestion, allergic reactions)
<input type="checkbox"/>	<input type="checkbox"/>	Advil (minor aches/pains, cramps)	<input type="checkbox"/>	<input type="checkbox"/>	Tussin DM (cough)
<input type="checkbox"/>	<input type="checkbox"/>	Tums (upset/stomach/nausea/indigestion)	<input type="checkbox"/>	<input type="checkbox"/>	Throat Lozenges
<input type="checkbox"/>	<input type="checkbox"/>	Pepto-Bismol (same as above)	<input type="checkbox"/>	<input type="checkbox"/>	Imodium (diarrhea)
<input type="checkbox"/>	<input type="checkbox"/>	Topical Ointments (aloe vera, antibiotic ointment, Hydrocortisone, etc)	<input type="checkbox"/>	<input type="checkbox"/>	Other <input type="text"/>

It is our desire to provide the best health care for your Pathfinder while he/she is with us. This form is to be completed and signed by the parent or guardian whose name appears on the front page.

**No Pathfinder can be accepted without this form.**

This health history is correct and the person herein described has permission to engage in all prescribed activities, except as noted by me and/or the physician. In the event I cannot be reached in an emergency, I hereby give my permission to the physician in charge to hospitalize, secure proper anesthesia, or to order injection or surgery for my son/daughter. I also give permission to the nurse to give over-the-counter medications as listed above including but not limited to pain medication and cold and flu medication unless otherwise noted. I understand that every effort will be made to contact me if my child is ill or injured. A photo copy of this authorization shall be as valid as the original.

Parent/Guardian's Signature  Date

## PATHFINDER CLUB MEMBERSHIP COMMITMENT 2022-2023

Pathfinder Name:

For Pathfinder to read and sign:

I would like to join the Valley View Pathfinder Club. I will attend club meetings and all other club activities. I agree to follow the rules of the club and the Pathfinder Pledge and Law.

### Pathfinder Pledge:

By the grace of God,  
I will be pure and kind and true.  
I will keep the Pathfinder Law.  
I will be a servant of God  
And a friend to man.

### Pathfinder Law:

"The Pathfinder Law is for me to:  
Keep the morning watch.  
Do my honest part.  
Care for my body.  
Keep a level eye.  
Be courteous and obedient.  
Walk softly in the sanctuary.  
Keep a song in my heart.  
Go on God's errands."



Pathfinder Signature:  Date:

Approval by Parent and/or Guardian:

*The applicant must be in grades 5 through 12.*

We have read the Pathfinder Pledge and Law and are willing and desirous that the applicant becomes 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 voluntarily waive any claim against the Valley View Pathfinder Club and its Staff, the Valley View Church or the Oregon Conference of Seventh-day Adventists for any accidents, which may arise in connection with the activities of the club.

As parents and/or guardians we understand that the Pathfinder Club program is an active one for 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/guardians are invited.
4. By supplying needed information on the Membership Application & Health Form.
5. By not allowing the Pathfinder to take any electronic devices to any Pathfinder function.

Parent Signature:  Date:

