

# Meadow Glade Pathfinders 2025-2026

## Membership Application and Health Information Form

Pathfinder's Full Legal Name

Birthday

Home Phone Number (If Applicable)

Grade

Age

Gender

M ☐ F ☐

Address

City

State

Zip Code

Father's Name

Cell Phone

Work Phone

Email

Mother's Name

Cell Phone

Work Phone

Email

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

(1) Name

Relationship to Pathfinder

Cell Phone

Home Phone

Work Phone

(2) Name

Relationship to Pathfinder

Cell Phone

Home Phone

Work Phone

(3) Name

Relationship to Pathfinder

Cell Phone

Home Phone

Work Phone

### Pathfinder Doctor/Dentist Information

Physician

City/State

Office Phone

Dentist

City/State

Office Phone

### Pathfinder Health Insurance Information

Health Insurance Company

Employer

City/State

Policy Holder

Birthdate

Policy/Member Number

Group Number

# Pathfinder Medical Information 2025-2026

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	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Tylenol (minor aches/pains, fever)	<input type="checkbox"/>	<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.

<input type="text"/>	<input type="text"/>
Parent/Guardian's Signature	Date

# Pathfinder Club Membership Commitment 2025-2026

Pathfinder Name:

For Pathfinder to read and sign:

I would like to join the Meadow Glade 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 Meadow Glade Pathfinder Club and its Staff, the Meadow Glade SDA 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: