Royal Rangers Emergency Medical Form

Full Name ______________________________

Birth Date ______________ Grade ____________

Address ______________________________

City, St, Zip ______________________________

Home Phone (_____) ______________________

Father/Guardian ______________________________

Cell Phone (_____) ______________________

Work Phone (_____) ______________________

Mother/Guardian ______________________________

Cell Phone (_____) ______________________

Work Phone (_____) ______________________

1) Emergency Contact __________________ Relation ________________ Phone (_____) ____________

2) Emergency Contact __________________ Relation ________________ Phone (_____) ____________

Health History

Check either yes or no. If Yes is checked please explain under “Remarks and Medical Facts”.

Condition	YES	NO	Condition	YES	NO
Sinus Condition	○ YES	○ NO	Shortness of Breath	○ YES	○ NO
Ear Problem	○ YES	○ NO	Skin Infection	○ YES	○ NO
Lung Problem	○ YES	○ NO	Hearing Difficulty	○ YES	○ NO
Heart Trouble	○ YES	○ NO	Bad Eyesight	○ YES	○ NO
High Blood Pressure	○ YES	○ NO	Wear Eye Glasses	○ YES	○ NO
Allergy-Asthma	○ YES	○ NO	Wear Contact Lenses	○ YES	○ NO
Fainting or Dizzy Spells	○ YES	○ NO	Any Medical Care within Past Year?	○ YES	○ NO
Diabetes	○ YES	○ NO	Any Surgeries within Past Year?	○ YES	○ NO
Appendix Removed	○ YES	○ NO	Special Diet Required?	○ YES	○ NO
Dental Appliances	○ YES	○ NO	Sleep Walker?	○ YES	○ NO
Any disorder preventing strenuous activity?	○ YES	○ NO	Get nervous or upset easily? Homesick?	○ YES	○ NO
Exposed to infections:			Taking prescription medicine?	○ YES	○ NO
Disease past 3 weeks	○ YES	○ NO	Any reaction to drugs or medicine of any type?	○ YES	○ NO
Hepatitis past 6 months	○ YES	○ NO			

Drug Allergies: ______________________________________

Current Medications: ______________________________________

Plant, Insect or Animal Allergies: ______________________________

Remarks and Medical Facts: ______________________________

Food Allergies or Special Diet: ______________________________

Last Tetanus Shot _____/_____/_____

Swimming Level (please circle):
Non Swimmer, Beginner, Intermediate, Advanced

Photo/Image Release: I give my permission to use my child’s photograph or likeness in camp promotional and publicity materials.
❑ YES ❑ NO

Doctor and Insurance Info

____
Doctor’s Name & Phone

____
Policy ID# and Group Number

____
Insurance Company & Phone

____
Subscriber’s Name & Relationship

In the event of illness or injury while in the care of or under the supervision of Royal Rangers, any of its officers or leaders, they are given permission to administer first aid to ______________________________for relief. If it is not practical to return the above named or to receive instructions for his care, consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and/or surgeon called, or to whom he is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain and to preserve his life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse the Royal Rangers So Cal Network AG, outpost or leader for any expenses incurred in the care of the above named should any type of medical treatment be necessary. This would include hospitals, doctors, ambulances, etc.

DATE ________________________ SIGNATURE ______________________________
(Parent/Legal Guardian if under 18)