

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".

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? YES NO

Exposed to infections: Homesick? YES NO

Disease past 3 weeks YES NO Taking prescription medicine? YES NO

Hepatitis past 6 months YES NO Any reaction to drugs or medicine of any type? YES NO

Drug Allergies: _____

Last Tetanus Shot ____/____/____

Current Medications: _____

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

Plant, Insect or Animal Allergies: _____

Remarks and Medical Facts: _____

Food Allergies or Special Diet: _____

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 outpost, 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 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)