

ONLY FILL THIS OUT IF YOU HAVE NOT DONE SO THIS CALENDAR YEAR

# Emergency Medical Form

Ranger's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_  
Father's Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell/Beeper: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Persons (other than parents) to contact in case of an emergency  
\_\_\_\_\_  
Relation \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_  
Relation \_\_\_\_\_ Phone # \_\_\_\_\_

## MEDICAL QUESTIONNAIRE

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? \_\_\_\_\_

Is your child allergic to any type of medication? \_\_\_\_\_

Does your child require a special diet? \_\_\_\_\_

Does your child have (or has ever had) any of the following (circle):

Seizure disorders

Asthma

Heart murmur

Diabetes

Hay Fever

Kidney Disease

Does your child have any allergies other than medical? \_\_\_\_\_

Does your child ever sleep walk? \_\_\_\_\_

Does your child get nervous or upset easily? \_\_\_\_\_

Can your child swim? \_\_\_\_\_, If yes, what level (circle one): Beginner, Intermediate, Advanced

Does your child have any physical handicap or illness which would prevent him from participating in normal rigorous activity? \_\_\_\_\_

If you have answered YES to any of these questions, please explain on the reverse side.

## PARENTAL CONSENT/MEDICAL TREATMENT AUTHORIZATION

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Royal Rangers.

\_\_\_\_\_  
Parent's or Legal Guardian's Signature

\_\_\_\_\_  
Date (Expires 12/31/04)