

Southern Missouri District Royal Rangers Emergency Medical Information and Authorization Form

Event: 2009 Junior Leadership Training Academy

Ranger's Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Phone: _____ Soc. Sec. #: _____ Age: _____ E-mail: _____

Father's Name: _____ Time of Day/Night you Work: _____

Place of Employment: _____ Work Phone: _____

Mother's Name: _____ Time of Day/Night you Work: _____

Place of Employment: _____ Work Phone: _____

Family Doctor: _____ Office Phone: _____

Insurance Company: _____ Policy #: _____

Address: _____ Phone: _____

Persons (other than Parents) to contact in case of an emergency:

_____ Phone: _____

_____ Phone: _____

Medical Questionnaire

Please answer all of the following questions. Explain any "YES" answers.

1. Is your son being treated for any injury or illness: Yes No
2. Is your son taking any medication? If so, What? & When? Yes No
3. Does your son have asthma? Yes No
4. Is your son allergic to any form of medication? Yes No
5. Does your son have hay fever? Yes No
6. Does your son have any known allergies? Yes No
7. Has your son had his tonsils removed? Yes No
8. Has your son had his appendix removed? Yes No
9. Has your son had any other operations? Yes No
10. Is there any family history of any disease? Yes No
11. Does your son require a special diet? Yes No
12. Does your son have any chronic medical problems? Yes No
(i.e. cardiac, respiratory, kidney, seizure or other)
13. Has your son had any "childhood diseases"? Yes No
(i.e. measles, mumps, chicken pos, etc.)
14. Does your son sleepwalk? Yes No
15. Is your son hyperactive? (If so, is he on medication?) Yes No
16. Are there any medical considerations not mentioned? Yes No
17. What is the date of your son's last physical exam? _____
18. What is the date of your son's last tetanus shot? _____

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

NAME OF MEDICATION	DOSAGE	WHAT TIME(S)?	REASON FOR MED
_____	_____	_____	_____
_____	_____	_____	_____

OVER

AUTHORIZATIONS

My son has permission to participate in any sanctioned event of the Southern Missouri District Royal Rangers provided he is supervised by authorized Royal Ranger leaders who are approved by the Southern Missouri District Royal Rangers. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the Commander-in-charge (or designate) to give consent for treatment of my son by a licensed medical personnel in the event of such an emergency. I also understand that the Commander-in-charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the Southern Missouri District being the third insurance carrier.

I will not hold the Southern Missouri District Royal Rangers, the National Royal Rangers Organization, any authorized Royal Ranger leader, or any medical personnel financially responsible for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

DATE