Individual Health History and Medical Permission Form

One form per person – Must have a copy of this for every boy and leader when you register at event/camp – Please print clearly.

RANGER/LEADER

Name ________________________________
Address ______________________________
City ________________________________
State ___________ Zip __________
Phone (   ) _______________________
Date of Birth ______/________/_______
Ranger Outpost # ______________________
Church Name __________________________
Church City/State ______________________

PERSON TO NOTIFY IN AN EMERGENCY

Name ________________________________
Address ______________________________
City ________________________________
State ___________ Zip __________
Phone (   ) _______________________
Emergency Phone (   )_______________
Relationship __________________________

Have you ever been treated for any of the following? If yes, check the box.

- ❑ Heart disease
- ❑ Seizures
- ❑ High blood pressure
- ❑ Asthma
- ❑ Bronchitis
- ❑ Diabetes

Please identify any physical impairments or limitations:____________________________
____
____

Please list any medications being taken:
____
____

Please provide additional information about any items (checked Yes) to left.
____
____
____
____
____

Date of last Tetanus booster ____________
(month and year)

Do you wear: IF YES, CHECK THE BOX.

- ❑ Contacts
- ❑ Glasses
- ❑ Dental appliance

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: ____
(POLICY HOLDER)
MEDICAL / HOSPITAL INSURANCE COMPANY: ____________________________________
POLICY OR CERTIFICATE NUMBER: ____
EMPLOYER: ________________________________ EMPLOYER'S GROUP: ____________________
NUMBER: _______________________________ SUBSCRIBER'S DATE OF BIRTH: _______________

In case of emergency, I herby give permission to the physician to render treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia, surgery or injection of medication.

_________________________________   _________________________________
Signature (Parent, if minor)   *Date*

Name of person to contact (Commander or Adult) on premises for information:

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