

Royal Rangers Medical History / Release Form

Camper's Name _____ OP# / Church / City _____

In case of emergency, please notify	Insurance Information	Doctor's Information
_____ Name _____	_____ Health Insurance Company _____	_____ Name _____
_____ Home Phone _____	_____ Phone Number _____	_____ Address _____
_____ Cell Phone _____	_____ Policy ID Number _____	_____ Office Phone _____
_____ Work Phone _____	_____ Group Number _____	_____ Insurance Holder _____

Last Name,

First Name

MI

GENERAL INFORMATION:

A complete health history must be completed by each applicant for participation at any North Texas District Royal Rangers event.

Minors (under age 18) must have a parent or guardian's signature verifying the health history information.

The North Texas District Royal Rangers has the prerogative to accept or reject any person based upon his medical health.

Give the date of your latest tetanus shot or booster: ____/____/____

Birth Date: ____/____/____

Height: _____ Weight: _____

HEALTH HISTORY:

To be completed by the applicant (if 18 or older) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant ever experienced any disorders of the following?

Check either Y for Yes or N for No.

If "Yes" explain under "Remarks and medical facts."

Sinus Condition <input type="checkbox"/> Y <input type="checkbox"/> N	Shortness of Breath <input type="checkbox"/> Y <input type="checkbox"/> N	Exposed to infectious: _____
Ear Problem <input type="checkbox"/> Y <input type="checkbox"/> N	Skin Infection <input type="checkbox"/> Y <input type="checkbox"/> N	Diseases in past 3 weeks? <input type="checkbox"/> Y <input type="checkbox"/> N
Lung Problem <input type="checkbox"/> Y <input type="checkbox"/> N	Hearing Difficulty <input type="checkbox"/> Y <input type="checkbox"/> N	Hepatitis in past 6 months? <input type="checkbox"/> Y <input type="checkbox"/> N
Heart Trouble <input type="checkbox"/> Y <input type="checkbox"/> N	Bad Eyesight <input type="checkbox"/> Y <input type="checkbox"/> N	Any disorder preventing strenuous activity? <input type="checkbox"/> Y <input type="checkbox"/> N
High Blood Pressure <input type="checkbox"/> Y <input type="checkbox"/> N	Wear Eye Glasses? <input type="checkbox"/> Y <input type="checkbox"/> N	Take prescription medication? <input type="checkbox"/> Y <input type="checkbox"/> N
Allergy-Asthma <input type="checkbox"/> Y <input type="checkbox"/> N	Wear Contacts? <input type="checkbox"/> Y <input type="checkbox"/> N	Any reaction to drugs or medicine of any type? <input type="checkbox"/> Y <input type="checkbox"/> N
Fainting/Dizzy Spells <input type="checkbox"/> Y <input type="checkbox"/> N	Medical care in past year? <input type="checkbox"/> Y <input type="checkbox"/> N	Surgeries in past year? <input type="checkbox"/> Y <input type="checkbox"/> N
Diabetes <input type="checkbox"/> Y <input type="checkbox"/> N	Appendix Removed <input type="checkbox"/> Y <input type="checkbox"/> N	Special diet? <input type="checkbox"/> Y <input type="checkbox"/> N
Dental Work? <input type="checkbox"/> Y <input type="checkbox"/> N	Other Information <input type="checkbox"/> Y <input type="checkbox"/> N	Sleep walker? <input type="checkbox"/> Y <input type="checkbox"/> N

Drug or food allergies: _____

I am currently taking the following medications: _____

Explanation Remarks: _____

Adult Applicant's Signature: My signature indicates my permission for emergency medical treatment should the need arise while at a North Texas District Royal Rangers camp or while traveling to or from the Campgrounds.

Adult Applicant's Signature _____ Date _____

My child may be given: Tylenol / Acetaminophen Motrin / Ibuprophen Aspirin Benadryl / Diphenhydramine

My Child's Swimming Level is: Non-Swimmer Beginner Intermediate Advanced Life Guard

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the North Texas District Royal Rangers Camp. The parent's or legal guardian's signature below indicates permission to administer medical attention to the minor in the event of a medical emergency. I also authorize the North Texas District Royal Rangers camp Staff to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action.

Print complete name of minor _____

Parent / Legal Guardian Signature _____ Date _____

Royal Rangers Medication Form

Camper's Name _____ Church / City _____

Please complete this form within **24 hours prior to camper's arrival at camp**. All medications must be in their original containers! Place all medication containers in a 1-gallon Ziploc Freezer bag with this completed form detailing instructions for the use of each medication your child is to receive at camp. A medical attendant will receive medications at the time of camp check-in.

NO MEDICATION MAY BE ADMINISTERED UNLESS LISTED ON THIS FORM WITH PARENT'S OR LEGAL GUARDIAN'S SIGNATURE.

All camper medications must be administered by medical attending personnel in the infirmary.

Allergies: _____

Name of Medication	Dosage	Time To Be Given	Initials & Date/Time Given (Medic Use Only)					

Comments / Instructions _____

Medications will be given as directed on prescription containers. Explain any differences in instructions. _____

My camper may be given over-the-counter, non-prescription medications or applications, not to exceed recommended dosage for cough, heartburn, stomach discomfort, burns, cuts, insect bites, rash or scrapes. Yes or No List exceptions _____

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the North Texas District Royal Rangers Camp. The parent's or legal guardian's signature below indicates permission to administer medical attention to the minor in the event of a medical emergency. I also authorize the North Texas District Royal Rangers camp Staff to consent to medical treatment when either I or my assignee cannot be contacted. I understand that every effort will be made to contact me before such action.

Parent / Guardian Signature _____ Date _____