Faith Fellowship
Royal Rangers Medical Form

All information on this form is Private & shall remain Confidential

Full Name _____ Birthday _____ Grade _____

Address _____ Father/Guardian _____

City,St,Zip _____ Cell Phone ( ) ____ - _____ Work Phone ( ) ____ - _____

Phone Numbers ( ) ____ - _____ ( ) ____ - _____ Email Address _____

1) Emergency Contact _____ Mother/Guardian _____

Relation _____ Phone ( ) ____ - _____ Cell Phone ( ) ____ - _____ Work Phone ( ) ____ - _____

2) Emergency Contact _____ Email Address _____

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	Exposed to Infections: Disease past 3 weeks	○ YES	○ NO
Ear Problem	○ YES	○ NO	Skin Infection	○ YES	○ NO	Hepatitis past 6 months	○ YES	○ NO
Lung Problem	○ YES	○ NO	Hearing Difficulty	○ YES	○ NO	Any disorder preventing strenuous activity?	○ YES	○ NO
Heart Trouble	○ YES	○ NO	Bad Eyesight	○ YES	○ NO	Taking prescription medicine?	○ YES	○ NO
High Blood Pressure	○ YES	○ NO	Wear Eye Glasses	○ YES	○ NO	Any Reaction to drugs or medicine of any type?	○ YES	○ NO
Allergy-Asthma	○ YES	○ NO	Wear Contact Lenses	○ YES	○ NO	Get nervous or upset easily? Homesick?	○ YES	○ NO
Fainting or Dizzy Spells	○ YES	○ NO	Any Medical Care within Past Year?	○ YES	○ NO	Sleep Walker?	○ 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						

Drug Allergies: _____

Current Medications: _____

Plant, Insect or Animal Allergies: _____

Remarks and Medical Facts: _____

Food Allergies or Special Diet: _____

Last Tetanus Shot ____/____/____

Swimming Level (Please Circle):
Non Swimmer, Beginner, Intermediate, Advanced

Doctor and Insurance Info

_____ ( ) ____-_____
Doctor's Name & Phone

_____ ( ) ____-_____
Insurance Company & Phone

_____
Policy ID# and Group Number

_____
Subscriber's Name & Relationship