Faith Fellowship - Royal Rangers: Medical Form

All information on this form is Private & shall remain Confidential

Boy's/Adult's Full Name:_____
Address:_____
City: _____
State: _____ Zip: _____

Age_____
Grade (going into)_____
Home / Family Phone: ( )_____-_____

Father/Guardian_____
Email Address_____
Cell Phone ( ) _____– _____

Mother/Guardian_____
Email Address_____
Cell Phone ( ) _____– _____

1) Emergency Contact Name: _____
Relation: _____
Phone: ( ) _____– _____

2) Emergency Contact Name: _____
Relation: _____
Phone: ( ) _____– _____

HEALTH HISTORY:

Circle either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

	Yes	No		Yes	No	Exposed to Infections:	Yes	No
Sinus Condition	Y	N	Shortness of Breath	Y	N	Disease past 3 weeks	Y	N
Ear Problem	Y	N	Skin Infection	Y	N	Hepatitis past 6 months	Y	N
Lung Problem	Y	N	Hearing Difficulty	Y	N	Any disorder preventing strenuous activity?	Y	N
Heart Trouble	Y	N	Bad Eyesight	Y	N			
High Blood Pressure	Y	N	Wear Eye Glasses	Y	N	Taking prescription medicine	Y	N
Allergy - Asthma	Y	N	Wear Contact Lenses	Y	N	Any Reaction to drugs or medicine of any type?	Y	N
Fainting or Dizzy Spells	Y	N	Any Medical Care within Past Yr	Y	N			
Diabetes	Y	N	Any Surgeries within Past Year?	Y	N	Get nervous or upset easily? Homesick?	Y	N
Appendix Removed	Y	N						
Dental Appliances	Y	N	Special Diet Required?	Y	N	Sleepwalker?	Y	N

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:
_____/_____

In the event of illness or injury while in the care of or under the supervision of Royal Rangers or Faith Fellowship church, any of its officers or leaders, they are given permission to administer first aid to:
Name: _____for relief. If it is not practical to return the above named, or to receive instructions for his care, consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and/or surgeon called, or to whom he is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain and to preserve his life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse Faith Fellowship Church, the Royal Ranger outpost or leader for any expenses incurred in the care of the above named should any type of medical treatment be necessary. This would include hospitals, doctors, ambulances, etc.

DATE:_____ SIGNATURE _____
(Parent/Legal Guardian if under 18)