Individual Medical Form

HEALTH HISTORY AND MEDICAL PERMISSION FORM
One Form Per Person (Must have a copy of this on every boy when you register at event/camp)

PLEASE PRINT

Name_____
Address_____
City_____
State _____Zip_____

Phone ( ) _____
Date of Birth _____
Ranger Outpost # _____

NOTIFY IN AN EMERGENCY:

Name_____
Address_____
City _____
State _____Zip_____

Emergency Phone ( ) _____
Relationship _____

Church Name _____ City _____

PLEASE Provide additional information about any items (checked Yes) to Right Following?

_____
_____
_____
_____
_____
_____
_____

Have You Ever Been Treated For Any Of (If Yes Check ❑)

❑ Heart disease ❑ Asthma
❑ Seizures ❑ Allergies
❑ High Blood pressure ❑ Bronchitis
❑ Diabetes

Please Identify Any Physical Impairments or Limitations:

_____

Date of Last Tetanus Booster ____ 19_____

Do You Wear: (If Yes Check q)

❑ Contacts ❑ Glasses
❑ Dental appliance

Please List Any Medications Being taken

_____

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN

Name of Insured:_____
(POLICY HOLDER)
MEDICAL / HOSPITAL INSURANCE COMPANY:_____
POLICY OR CERTIFICATE NUMBER:_____
EMPLOYER:_____ EMPLOYER'S GROUP _____
NUMBER:_____

In Case of an Emergency, I Hereby Give Permission to the Physician to Render Treatment. Should The Physician Deem it 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:

_____
_____