

You must have the Medical Form Information Completed and signed by parent or guardian on the back side of this form.

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

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

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> High Blood pressure | <input type="checkbox"/> Bronchitis |
| | <input type="checkbox"/> 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:

