

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

NOTIFY IN AN EMERGENCY:

Name _____ Name _____

Address _____ Address _____

City _____ City _____

State _____ Zip _____ State _____ Zip _____

Phone () _____ Emergency Phone () _____

Date of Birth _____ Relationship _____

Ranger Outpost # _____

Church Name _____ City _____

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

- | | |
|-------------------------------------------|----------------------------------|
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Glasses |
| <input type="checkbox"/> 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:
