

North Carolina District 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 _____
Relation _____ Phone () _____ - _____ Email Address _____

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

Sinus Condition ☐ YES ☐ NO

Ear Problem ☐ YES ☐ NO

Lung Problem ☐ YES ☐ NO

Heart Trouble ☐ YES ☐ NO

High Blood Pressure ☐ YES ☐ NO

Allergy-Asthma ☐ YES ☐ NO

Fainting or Dizzy Spells ☐ YES ☐ NO

Diabetes ☐ YES ☐ NO

Appendix Removed ☐ YES ☐ NO

Dental Appliances ☐ YES ☐ NO

Shortness of Breath ☐ YES ☐ NO

Skin Infection ☐ YES ☐ NO

Hearing Difficulty ☐ YES ☐ NO

Bad Eyesight ☐ YES ☐ NO

Wear Eye Glasses ☐ YES ☐ NO

Wear Contact Lenses ☐ YES ☐ NO

Any Medical Care within Past Year? ☐ YES ☐ NO

Any Surgeries within Past Year? ☐ YES ☐ NO

Special Diet Required? ☐ YES ☐ NO

Exposed to Infections:

Disease past 3 weeks ☐ YES ☐ NO

Hepatitis past 6 months ☐ YES ☐ NO

Any disorder preventing strenuous activity? ☐ YES ☐ NO

Taking prescription medicine? ☐ YES ☐ NO

Any Reaction to drugs or medicine of any type? ☐ YES ☐ NO

Get nervous or upset easily? Homesick? ☐ YES ☐ NO

Sleep Walker? ☐ 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

In consideration of permission granted to the above-named individual by the Royal Rangers to participate in any part of Royal Rangers activities, including strenuous outdoor activities and other activities listed on the camp information sheet, I hereby release and discharge the Assemblies of God, International Pentecostal Holiness Church, Pentecostal Free Will Baptist Church, the Royal Rangers and their staff(s) (paid or volunteer) from all claims, demands, actions, and judgements which the undersigned or their heirs may have against the Assemblies of God, International Pentecostal Holiness Church, Pentecostal Free Will Baptist Church, and the Royal Rangers for all personal injuries caused by involvement in Royal Rangers activities. I have read this release, understood its terms, and signed it voluntarily in full knowledge of its significance;

And, unless provided in writing otherwise, I give permission for any pictures of the above named individual to be used for promoting Royal Rangers, and allow participation in any event provided at Royal Rangers events;

And, after reasonable attempts to reach the emergency contact, parent, or guardian have been unsuccessful, I hereby give permission to the leaders, emergency services staff, licensed physicians, and hospitals selected by the leader in charge to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the above named individual.

Signature: _____ Date: _____