

Emergency Medical Information & Authorization Form

Event Name: _____ Event Date(s): _____

Event Location: _____

Boy/Leader Name: _____ Date of Birth: _____ Age: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Father's Name: _____ Father's Phone: _____

Mother's Name: _____ Mother's Phone: _____

Family Doctor: _____ Doctor's Phone: _____

Medical Insurance Company: _____ Policy Number: _____

Medical Insurance Phone Number: _____

ADDITIONAL EMERGENCY CONTACTS (other than parents listed above):

Name: _____ Phone: _____

Name: _____ Phone: _____

MEDICAL QUESTIONNAIRE

Please answer each of the following questions by circling your response. EXPLAIN any "YES" answers.

- 1. Is your son being treated for any injury or illness? YES NO
- 2. Is your son taking any medication? If so, What? & When?..... YES NO
- 3. Does your son have asthma? YES NO
- 4. Is your son allergic to any form of medication? YES NO
- 5. Does your son have hay fever?..... YES NO
- 6. Does your son have any known allergies?..... YES NO
- 7. Has your son had his tonsils removed? YES NO
- 8. Has your son had his appendix removed? YES NO
- 9. Has your son had any other operations?..... YES NO
- 10. Is there any family history of any disease?..... YES NO
- 11. Does your son require a special diet?..... YES NO
- 12. Does your son have any chronic medical problems? YES NO
- 13. Has your son had any "childhood diseases"? (i.e. measles, chicken pox, etc.)..... YES NO
- 14. Does your son sleepwalk?..... YES NO
- 15. Is your son hyperactive? (If so, is he on medication?) YES NO
- 16. Are there any medical considerations not mentioned? YES NO
- 17. What is the date of your son's last physical exam? YES NO
- 18. What is the date of your son's last tetanus shot? YES NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>WHAT TIME(S)?</u>	<u>REASON FOR MED</u>

AUTHORIZATIONS

My son has permission to participate in the above referenced event under the supervision of the adult leaders approved by our church or those approved for leadership by the Southern Missouri District. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the leader in charge (or designate) to give consent for treatment of my son by qualified medical personnel in the event of an emergency. I also understand that the leader in charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the Southern Missouri District being the third insurance carrier.

I acknowledge the risks inherent to events such as this and agree to hold harmless the Southern Missouri District, the national Royal Rangers organization, any authorized Royal Ranger leader, or any medical personnel for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

Signature of Parent or Legal Guardian

Date

Printed Name