This form for Royal Rangers under the age 18 – Commanders use the Adult Leader's Medical Form

SOTH CAROLINA CONFERENCE ROYAL RANGERS ACTIVITY AUTHORIZATION / EMERGENCY MEDICAL INFORMATIN AND AUTHORIZATION FOR RANGERS UNDER AGE 18

*(PLEASE TYPE OR PRINT. **ALL** INFORMATION IS REQUIRED. INCLUDE AREA CODE FOR ALL PONE NUMBERS)*

Ranger Name:		Date of Birth:
Parents: Father's Name:		Mother:
Address:	City:	State: Zip:
Home Phone # ( ) -	Father work # ( ) -	Father cell # ( ) -
	Mother work #( ) -	Mother cell #( ) -
Family Doctor (Full name)		Doctor's Phone # ( ) -
Nearest Relative:		Relative Phone # ( ) -
OR Neighbor:		Neighbor Phone #( ) -

Can your child swim ☐YES ☐NO ☐ Beginner ☐ Intermediate ☐ Proficient ☐ Lifeguard

Medical Treatment Authorization

_______________ has my permission to participate in any sanctioned activity of the _______________ Church (hereafter "the church" located at (address) _______________ And/or the South Carolina Conference Royal Rangers provided He is properly supervised by authorized adult leaders. Such activities would include field trips, campouts, ball games, swimming (if allowed by parent), and any normal Royal Ranger activity.

I understand that all necessary precautions have been taken for the safety of my child and that I will be notified in the case of an emergency or injury. I authorize the calling of a doctor and the providing of medical services/treatment in the case of an accident, injury or sickness, by a licensed healthcare provider, if for any reason I cannot be contacted or present. I understand that the church or the South Carolina Conference Royal Rangers will not take care of medical expenses incurred; they will be my responsibility as a parent/guardian.

I agree to notify the church in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that the commander reserves the right to restrict my child from any activity that he does not feel is within the physical capabilities of my child.

Signature of parent/guardian ____ **Date** ______________________

Please sign this form in the presence of a Notary Public ****this form is valid for one year from date of signature.***

Notary Public Signature: ____

My commission expires: _____________________________

The seal is ***required*** by the SC Conference Royal Rangers **(Seal)**

Please complete the opposite side of this form.

Medical History

Boy's name: Date of Birth: Weight lbs.

Condition			Condition			Condition		
Sinus Condition	☐YES	☐NO	Heart trouble	☐YES	☐NO	Reaction to stinging or bighting insects	☐ YES	☐NO
Shortness of breath	☐YES	☐NO	High blood pressure	☐YES	☐NO	Fainting or dizzy spells	☐YES	☐NO
Ear problem	☐YES	☐NO	Blood disorder	☐YES	☐NO	Seizures	☐YES	☐NO
Skin infection, rash	☐YES	☐NO	Bad eyesight	☐YES	☐NO	Diabetes	☐YES	☐NO
Lung problem	☐YES	☐NO	Wear contact lenses	☐YES	☐NO	Kidney Disease	☐YES	☐NO
Hearing difficulty	☐YES	☐NO	Allergy/ environmental	☐YES	☐NO	Appendix removed	☐YES	☐NO
Had heat illness or exhaustion	☐YES	☐NO	Allergy/ Asthma	☐YES	☐NO	Special diet required	☐YES	☐NO
			Allergy/Food	☐YES	☐NO			

Question			Question		
Taking prescription medicines, over-the-counter (OTC) medicines or inhalers?	☐YES	☐NO	Diagnosed and/or treated for infectious disease in the past year?	☐YES	☐NO
Been restricted form strenuous activity, exercise or sports?	☐YES	☐NO	Diagnosed with hepatitis	☐YES	☐NO
Have you ever had surgery?	☐YES	☐NO	Any reaction to drugs or medicine of any type?	☐YES	☐NO
			Date of last Tetanus shot		

Please explain any “YES” you may have answered on the above section in the space provided below. For all current prescription and OTC medications include name of medication, doses and special instructions. Please be specific regarding strength of medication (milligrams), route of administration (oral, inhaled, nasally, etc.), how often given, what time of day to give, when to give (as needed for…),storage requirements and special instructions/precautions. The medication and instructions should be given to his commander.

Basic first aid will be given to your child as needed. In addition, some OTC medications may be administered to your child with your permission. These medications will be available through a registered or licensed practical nurse, or a commander, should the need arise.

Do you give permission to have OTC medication administered to your child? ______________ ☐ YES ☐NO

If “YES” do you want to be notified in the event your child has been given OTC medication? ☐ YES ☐NO

Please note below any OTC medication you do not want your child to receive.

Information, Directions and other Information

Please provide any other information you believe we may need for the proper treatment of your child, should the need arise.