THIS FORM FOR ADULT LEADERS AGE 18 AND UP ONLY

SOUTH CAROLINA CONFERENCE ROYAL RANGERS
EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION
FOR ADULT LEADERS

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

Name: Date of birth:

Address: City: State: Zip:

Home Phone: ( ) - Work Phone: ( ) - Cell Phone: ( ) -

Family Doctor (FULL NAME): Dr's Phone:( ) -

Spouse or Nearest Relative: Phone:( ) -

OR Neighbor: Phone:( ) -

CERTIFICATIONS – indicate expiration date. Leave blank if not current or not applicable.

Lifeguard Certification: CPR/AED Certification: 1st Aid Certification: None: ☐

Medical History

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

Question		
Taking prescription medicines, over-the-counter (OTC) Medicines or inhalers	YES ☐	NO ☐
Been restricted from any strenuous activity, exercise or sports	YES ☐	NO ☐
Have you ever had surgery	YES ☐	NO ☐
Any reaction to drugs or medicines of any type	YES ☐	NO ☐
Diagnosed and/or treated for any infectious disease in the past year	YES ☐	NO ☐
Diagnosed with Hepatitis	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, interval between doses, time of administration and special instructions/precautions. Use back of form as needed.

Information, Directions and other information

Signature:______________________________ Date*:______________

~~Please sign 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~~)**

(Rev. February 2012)