

North Carolina District Royal Rangers Medical Information and Permission Form

I. Your Information:

Name: _____ M/F _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Outpost #: _____ Church Name: _____

II. Emergency Contact:

A. Name: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

B. Doctor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Insurance Company: _____ Policy Number: _____

Insurance Company Phone Number: _____

Social Security Number: _____

IV. Physical Conditions:

Allergies Asthma Stomach Upset Sensitive to Sugar

Diabetes Rheumatic Fever Bed Wetting Frequent Colds

Heart Eyes, Ears, Nose Epilepsy or other disease Other
Condition or Throat of Nervous System

Please detail any of the above information:

North Carolina District Royal Rangers Medical Information and Permission Form

List **ALL** medications you take, as well as **frequency** and **dosage**:

Tetanus Toxoid? Yes___ Date of last injection _____ No___

List any **Swimming** restrictions: _____

List any other **Camp** activity restrictions: _____

Other helpful information:_____

In consideration of permission granted to the above named individual by the Royal Rangers to participate in any part of the Royal Rangers Program(s), I hereby release and discharge the Assemblies of God, the Royal Rangers and their staff(s) (paid or volunteer) from all claims, demands, actions, and judgments which the undersigned or their heirs may have against the Assemblies of God and the Royal Rangers for all personal injuries caused by involvement in the Royal Rangers activities. I have read this release, understood its terms, and signed it voluntarily in full knowledge of its significance.

And

I hereby give permission to licensed physicians and hospitals selected by the leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for above named individual.

Signature of Individual

Date