

EMERGENCY MEDICAL INFORMATION

Name _____ Birth Date _____ Age _____

Address _____ City _____ Zip _____

Home Phone _____ Father's Office _____ Mother's Office _____

Other Emergency telephone numbers _____

Doctor's Name _____ Office phone _____

Address _____ City _____ Zip _____

HEALTH HISTORY

HAS HE HAD:	YES	NO		YES	NO
An attack of appendicitis			Poliomyelitis		
Asthma or Hay fever			Heart trouble		
Hernia (rupture)			Severe allergies		
Rheumatic fever			Scarlet Fever		
Diabetes			Significant disease, injury or operation		
Does he take insulin			Is he under medical care requiring medication		
			Is his activity restricted due to medical reasons		
IS HE SUBJECT TO:					
Sinus trouble			Poison Ivy, Oak or Sumac		
Fainting spells			Reaction to Penicillin		
Ear trouble			Nervousness or easily upset		
Convulsions			Last tetanus shot Date:		

IF ANSWER IS "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN ON BACK OF FORM.

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event my son becomes ill or sustains injury while in the care of or under the supervision of the Royal Rangers Outpost, any of its officers or leaders, they are given permission to administer first aid for his relief. If it is not practical to return him to us or to receive our instructions for his care, consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and/or surgeon called, or to whom our son is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain and to preserve his life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse the Royal Rangers Outpost or leader for any expenses incurred in the care of my son should any type of medical treatment be necessary. This would include hospitals, doctors, ambulances, etc.

DATE _____ SIGNATURE _____

(Parent or Guardian)