

Destiny Christian Center Royal Rangers Medical Form

Instructions: Please complete a copy of this form for each individual registering.

Full Name _____ Father/Guardian _____
 Birthday ___/___/___ Grade _____ Cell Phone () ___-____ Work Phone () ___-____
 Address _____ Mother/Guardian _____
 City,St,Zip _____ Cell Phone () ___-____ Work Phone () ___-____
 Phone Numbers() ___-____ () ___-____
 1) Emergency Contact _____ Relation _____ Phone () ___-____
 2) Emergency Contact _____ Relation _____ Phone () ___-____

HEALTH HISTORY Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

Sinus Condition <input type="radio"/> YES <input type="radio"/> NO	Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO	Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO
Ear Problem <input type="radio"/> YES <input type="radio"/> NO	Skin Infection <input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO
Lung Problem <input type="radio"/> YES <input type="radio"/> NO	Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO
Heart Trouble <input type="radio"/> YES <input type="radio"/> NO	Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO
High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO	Wear Eye Glasses <input type="radio"/> YES <input type="radio"/> NO	Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO	Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO	Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO
Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO	Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO
Diabetes <input type="radio"/> YES <input type="radio"/> NO	Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO	
Appendix Removed <input type="radio"/> YES <input type="radio"/> NO	Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO	
Dental Appliances <input type="radio"/> YES <input type="radio"/> NO		

Drug Allergies _____ Last Tetanus Shot ___/___/___
 Currently taking the following medications _____ Swimming Level (Please Circle):
 Plant, Insect or Animal Allergies? _____ Non Swimmer, Beginner, Intermediate, Advanced
 Remarks and Medical Facts: _____ *Doctor and Insurance Info*
 _____ Doctor's Name & Phone _____
 _____ Insurance Company & Phone _____
 Food Allergies or Special Diet? _____ Policy ID# and Group Number _____
 _____ Subscriber's Name & Relationship _____

I hereby authorize _____ to accompany the Royal Rangers to an event. I understand the arrangements and feel that adequate precautions for the safety of my child, have been, and will continue to be taken. I will not hold Destiny Christian Center, its leaders, or the Sectional & District Staff, or the Ohio District Council, Inc. of the Assemblies of God, responsible for any accidents. All claims will go through the family's primary provider. I understand that if my son is a discipline problem, he will be sent home at my expense.

SIGNATURE _____ DATE _____
 (Parent or Guardian)

EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

This form must be signed by parent or guardian, and accompany the child to the event. The purpose of the form is to make it possible for parents and guardians to authorize the provisions of emergency treatment for MINOR Royal Rangers who may become ill or injured at an Event. You can authorize such emergency treatment for your child, by completing this form:

I, _____ (Parent or Guardian) of _____ (city) _____ (state),
 the _____ (Father, Mother, Guardian) of _____ (name of child), a MINOR, WHO IS
 ATTENDING A ROYAL RANGERS EVENT, DO HEREBY GIVE MY CONSENT, IN THE EVENT THE ADMINISTRATION OF ANY
 TREATMENT DEEMED NECESSARY BY LICENSED PHYSICIANS, DENTISTS OR EMERGENCY PERSONNEL SERVING THE OHIO
 DISTRICT COUNCIL AT SAID EVENT.

(SIGNED) _____