Medical Record

Applicant's Full Name

In case of emergency please notify:

LAST NAME *(please print)* FIRST NAME

DAYTIME CONTACT PHONE NUMBER

EVENING CONTACT PHONE NUMBER

Insurance Information

HEALTH INSURANCE COMPANY'S NAME

POLICY NUMBER

CERTIFICATE NUMBER

EFFECTIVE DATE OF COVERAGE

HEALTH INSURANCE COMPANY'S PHONE NUMBER

GENERAL INFORMATION:

A complete health history must be completed by each applicant for participation at the National Camporama 2012.

Minors (under age 18) must have a parent or guardian's signature verifying the health history information.

The national Royal Rangers office has the prerogative to accept or reject any person based upon his medical health.

Health History

To be completed by the applicant (if over age 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check either "Yes" or "No." If "Yes" explain under "Remarks and medical facts ."

Sinus condition	❍YES ❍NO	Shortness of breath	❍YES ❍NO	Exposed to infectious:	
Ear problem	❍YES ❍NO	Skin infection	❍YES ❍NO	Disease past 3 weeks	❍YES ❍NO
Lung problem	❍YES ❍NO	Hearing difficulty	❍YES ❍NO	Hepatitis past 6 months	❍YES ❍NO
Heart trouble	❍YES ❍NO	Bad eyesight	❍YES ❍NO	Any disorder preventing strenuous activity?	❍YES ❍NO
High blood pressure	❍YES ❍NO	Wear contact lenses?	❍YES ❍NO	Taking prescription medicine?	❍YES ❍NO
Allergy-Asthma	❍YES ❍NO	Any medical care in past year?	❍YES ❍NO	Any reaction to drugs or medicine of any type?	❍YES ❍NO
Fainting or dizzy spells	❍YES ❍NO	Any surgery within past year?	❍YES ❍NO		
Diabetes	❍YES ❍NO	Special diet required?	❍YES ❍NO		
Appendix removed	❍YES ❍NO				

Food or drug allergies _____

I am currently taking the following medications _____

Remarks and medical facts: _____

Special dietary needs: _____

Additional remarks:

Give latest date of inoculation or vaccination against following:

Tetanus ____ / ____ / ____ Small Pox ____ / ____ / ____

Measles ____ / ____ / ____ Typhoid ____ / ____ / ____

Diphtheria ____ / ____ / ____ Polio ____ / ____ / ____

BIRTH DATE _____ / _____ / _____ | HEIGHT | WEIGHT

PARENT / GUARDIAN'S NAME (Please Print)

PARENT / GUARDIAN'S ADDRESS

CITY STATE ZIP

(_____) _____

PARENT / GUARDIAN'S AREA CODE AND PHONE NUMBER

Required Release Signatures

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend the 2012 National Camporama at Eagle Rock, MO, July 9 - 13, 2012. The parent's or legal guardian's signature below indicates: Permission to administer medical attention to the minor in the event of a medical emergency and verifies the applicant is age 9 or older on or before July 9, 2012.

PRINT COMPLETE NAME OF MINOR

X _____ PARENT/LEGAL GUARDIAN SIGNATURE

DATE

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicant's youth workers screening form. **Adult leaders are considered 18 years of age or older.**

X _____ PASTOR'S SIGNATURE

DATE

ADULT APPLICANT'S SIGNATURE: My signature acknowledges that I have truthfully abided by the requirements as stated on this Application form. My signature verifies I am age 18 or older by July 13, 2012, and that I have received my pastor's signature as stated on this Application form. My signature also indicates my permission for emergency medical treatment should the need arise while at Camporama or while traveling to or from the Camporama site.

X _____ APPLICANT'S SIGNATURE

DATE