

**SOUTH CAROLINA DISTRICT ROYAL RANGERS
ACTIVITY AUTHORIZATION/EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION
FOR COMMANDERS**

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

Use this form for Commanders age 18 and up - Royal Rangers under age 18 use the standard medical form

Name _____ Date of Birth _____ SSN _____
 Address _____
 City _____ State _____ Zip _____
 Telephone _____ Work phone _____ Cell Phone _____
 Family Doctor (FULL NAME) _____ Doctor's Phone _____
 Spouse or Nearest Relative _____ Phone _____
 OR Neighbor _____ Neighbor's Phone _____

Medical Questionnaire

	YES	NO	IF YES, WHAT?
Are you presently being treated for any injury or sickness?.....	_____	_____	_____
Are you taking any form of medication for any reason?	_____	_____	_____
Are you allergic to any type of medication?	_____	_____	_____
Are you allergic to latex?.....	_____	_____	_____
Have you ever had an operation?	_____	_____	_____
Do you require a special diet?.....	_____	_____	_____
Do you have any other allergies?	_____	_____	_____
Do you sleepwalk?	_____	_____	_____

Do you have, or ever had, any of the following (circle all that apply):

- | | | | | |
|-------------------|----------------|-----------|---------------|-------------|
| Seizure Disorders | Chicken Pox | Asthma | Heart Murmur | Diabetes |
| Kidney Disease | Blood Disorder | Hepatitis | Hyperactivity | Sickle Cell |

Do you have any physical handicap that would prevent you from participating in normal or rigorous activity?

Please explain any "Yes" you may have answered on the above section: _____

Can you swim? _____ How well? _____ Date of last tetanus shot: _____

If you require a specific medication, please attach specific instructions on how often and how much.

Other Information

Please provide any other information you believe we may need for proper treatment, should the need arise: _____

Signature _____ Date* _____

*This form is valid for one year from date of signature.

Notary Public Signature _____

My commission expires _____

The seal is **required** by the SC District Royal Rangers

(Seal)