

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

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

Use this form for Royal Rangers under age 18 - Commanders use the Commanders Medical Form

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

Medical Questionnaire

	YES	NO	IF YES, WHAT?
Is your child presently being treated for any injury or sickness?..	_____	_____	_____
Is he taking any form of medication for any reason?	_____	_____	_____
Is your child allergic to any type of medication?	_____	_____	_____
Is your child allergic to latex?.....	_____	_____	_____
Has your child ever had an operation?	_____	_____	_____
Does your child require a special diet?.....	_____	_____	_____
Does your child have any allergies?	_____	_____	_____
Does your child ever sleepwalk?	_____	_____	_____
Does your child get nervous or upset easily?	_____	_____	_____
Is your child current on his immunizations?.....	_____	_____	_____

Does your child have, or has he 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 |

Does your child have any physical handicap that would prevent him from participating in normal or rigorous activity?

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

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

If your child requires a specific medication, send specific instructions on how often and how much. The medication and instructions should be given to his commander.

Basic first aid will be administered to your child as needed. In addition, some over the counter medications may be administered to your child with your permission. These medications may be available through a registered nurse or a commander, should the need arise.

Please complete the opposite side of this form.

Do you want to be notified before your child is given any over-the-counter medication? YES _____ NO _____

Please draw a line through any medication you DO NOT want your child to receive.

- | | |
|--------------------------|----------------------------|
| Pepto Bismol | Sudafed |
| Benadryl | Triple Antibiotic Ointment |
| Excedrin Migraine | Robitussin |
| Peroxide | Imodium |
| Ibuprofen | Throat Lozenges |
| Solarcaine (For Sunburn) | Aloe Cream |
| Caladryl Lotion | Other (Be specific): |
| Tylenol/acetaminophen | |

Other Information

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

Medical Treatment Authorization

_____ has my permission to participate in any sanctioned activity of the _____ church located at (address) _____ and/or the South Carolina District Royal Rangers provided he is properly supervised by authorized commanders (adult leaders). Such activities would include field trips, campouts, ball games, swimming (if allowed by parent), and any other normal scouting activity.

I understand that all necessary precautions have been taken for the safety of my child and that I will be notified in the case of an emergency or injury. I authorize the calling of a doctor and the providing of medical services/treatment in the case of an accident, injury or sickness, by a licensed health care provider, if for any reason I cannot be contacted or present. I understand that _____ church or the South Carolina District Royal Rangers will not take care of medical expenses incurred; they will be my responsibility as parent/guardian.

I agree to notify _____ church in the event of any health changes that would restrict my child's participation in any of the normal activities of the group. I also understand that the commander reserves the right to restrict my child from any activity that he does not feel is within the physical capabilities of my child.

Signature of parent/guardian _____ 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)