

Emergency Medical Information and Authorization

Outpost 130

2010

Boy's Name _____

Date of Birth _____

Father's Name _____

Occupation _____

Mother's Name _____

Occupation _____

Address _____

Telephone Number _____

Parent's Work Phone Number _____

Family Doctor _____

Doctor's Phone Number _____

Medical Questionnaire

Is your child presently being treated for an injury or sickness? Explain.

Is he taking any form of medication for any reason? Explain.

Is your child allergic to any type of medication? Explain.

Has your child ever had an operation? Explain.

Does your child require a special diet? Explain.

Does your child have – or has he ever had – any of the following:

(Circle)

Seizure Disorders

Asthma

Heart Murmur

Diabetes

Hay Fever

Kidney Disease

Does your child have allergies other than to any medication? Explain.

Does your child ever sleepwalk?

Does your child get nervous or upset easily?

Can your child swim?

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

Medical Treatment Authorization

_____ has permission to participate in any sanctioned activity of Beebe First Assembly of God Royal Ranger Outpost 130 provided he is properly supervised by authorized commanders. Such activities would include field trips, camp-outs, ball games, and other normal activities.

I understand that all necessary precautions have been taken for the safety of my child and I will be notified in the case of an emergency. I authorize the calling of a doctor and the providing of medical services in the case of an accident, injury or sickness. I understand that Beebe First Assembly of God will not take care of medical expenses incurred; they will be my responsibility as the parent/guardian.

I agree to notify Beebe First Assembly of God 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 _____