## **Royal Rangers Medical Release Form**

Royal Rangers Medical History/ Release Form -- Chartering Dates Sep, 20\_\_\_ thru Aug, 20\_\_\_ All information on this form is private & shall remain confidential

-				Birtii i	Date:	/ /Age:	Grade	:	
lome Address:					City:	State:	Zip:		
mail address:			OP# Division Church						
lome Phone:			Cell Phone:		\	Work Phone:			
.) Emergency Contac	t:			Relation	:	Phone:			
HEALTH HISTORY	<b>/</b> Checl	k either	Yes or No. If Yes	, please expla	in under	"Remarks and Medical Fa	cts"		
	Yes	No		Yes	No		Yes	No	
Sinus Condition			Shortness of Breath	i		Exposed to infections:			
Ear Problem			Skin Infection			Disease past 3 weeks			
ung Problem			Hearing Difficulty			Hepatitis past 6 mths			
leart Trouble			Bad Eyesight			Any Disorder preventing strenuous activity			
ligh Blood Pressure			Wear Eye Glasses			Taking prescription medicine			
Allergy-Asthma			Wear Contact Lense	ès .		Any negative reaction to drugs or medicine of any type			
Fainting or Dizzy Spells			Medical Care in last	year		Nervous / upset easily			
Diabetes			Surgery in last year			Home sick			
Appendix Removed	1		Special Diet Require			Sleep walker			
Dental Appliances	-		- P			T T T			
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n the event medical						ife Guard $\Box$	vanced		
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give authorization/per Charge, or their designate treatment to the child Person In Charge, or the properly licensed para (hospital, or clinic, or the Medical Staff a authorize/order emergency rescue ser anesthesia, and medic STATE OF FLORIDA The foregoing instrume	missio gnee, t d. I he their de amedic 911) ar nd/or gency rvices, eation.	n to the co use to ereby au esignee, c, physic nd to fol Person medica ambular  CO acknowl	e Medical Staff and heir discretion in relathorize the Medical to use their discretician, or emergency llow their instruction in Charge, or the services for mynce transport, hospitusty OF	dor the Person endering care I Staff and/or on in contaction health care cans. I also authorist designed child, inclustalization, surged	reby on in La and rethe ing a Poenter orize Re o, to dding gery, Si	ife Guard	I	one)	

Signature of Notary