

# Warm Beach Community Church Royal Rangers Medical Form

*All information on this form is Private & shall remain Confidential*

Full Name \_\_\_\_\_ Father/Guardian \_\_\_\_\_  
 Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Address \_\_\_\_\_ Mother/Guardian \_\_\_\_\_  
 City, St, Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Numbers ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 1) Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_  
 2) Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**HEALTH HISTORY** Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

|   |   |   |
|---|---|---|
| Sinus Condition <input type="radio"/> YES <input type="radio"/> NO          | Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO                | Exposed to Infections:<br>Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO |
| Ear Problem <input type="radio"/> YES <input type="radio"/> NO              | Skin Infection <input type="radio"/> YES <input type="radio"/> NO                     | Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO                        |
| Lung Problem <input type="radio"/> YES <input type="radio"/> NO             | Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO                 | Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO    |
| Heart Trouble <input type="radio"/> YES <input type="radio"/> NO            | Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO                       | Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO                  |
| High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO      | Wear Eye Glasses <input type="radio"/> YES <input type="radio"/> NO                   | Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO |
| Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO           | Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO                | Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO         |
| Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO | Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO | Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO                                  |
| Diabetes <input type="radio"/> YES <input type="radio"/> NO                 | Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO    |   |
| Appendix Removed <input type="radio"/> YES <input type="radio"/> NO         | Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO             |   |
| Dental Appliances <input type="radio"/> YES <input type="radio"/> NO        |   |   |

Drug Allergies: \_\_\_\_\_ Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Current Medications: \_\_\_\_\_ Swimming Level (Please Circle):  
 Plant, Insect or Animal Allergies: \_\_\_\_\_ Non Swimmer, Beginner, Intermediate, Advanced  
 Remarks and Medical Facts: \_\_\_\_\_ *Doctor and Insurance Info*  
 \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Doctor's Name & Phone  
 \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_  
 Insurance Company & Phone  
 \_\_\_\_\_  
 Policy ID# and Group Number  
 \_\_\_\_\_  
 Subscriber's Name & Relationship

I give permission for my son to participate in the Warm Beach Community Church Royal Ranger Program, beginning September 2008 through August 2009. I understand that my son(s) will be transported in a church or private vehicle to and from local destinations for various activities connected with the Royal Ranger Program and consent and agree to indemnify and hold harmless the Northwest Ministry Network of The Assemblies of God, and the Warm Beach Community Church, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation in this program, which is over and above that which is covered by insurance. I have explained the meaning of hold harmless to my child, and the signature below indicates his/her agreement to do the same.

### EMERGENCY MEDICAL AUTHORIZATION

If it should become necessary for my child to receive medical treatment for any reason, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, when it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment. I understand that every attempt possible will be made to reach me. I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program, which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, when it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request the Northwest Ministry Network of The Assemblies of God and the Warm Beach Community Church personnel to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_