

# Royal Ranger Outpost 106

## Emergency Medical Release Form

*Fill out all blanks*

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL OR OTHER PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER'S WORK# (\_\_\_\_) \_\_\_\_\_ FATHER'S WORK# (\_\_\_\_) \_\_\_\_\_

DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE (\_\_\_\_) \_\_\_\_\_

HEALTH INSURANCE \_\_\_\_\_ POLICY# \_\_\_\_\_

PARENT'S E-MAIL ADDRESS: \_\_\_\_\_

<b>CHILD'S HEALTH HISTORY</b>					
<i>If you answer "yes" to any questions, attach a note on the back of this form to explain.</i>					
HE HAS HAD:	YES	NO	HE HAS HAD:	YES	NO
An attack of appendicitis			Poliomyelitis		
Asthma or Hay Fever			Heart trouble		
Hernia (rupture)			Severe Allergies		
Rheumatic Fever			Scarlet Fever		
Is he under medical care requiring medication			Any other significant disease, injury, or operation		
Diabetes			Does he take insulin		
Is his activity restricted due to medical reasons			Does he have any food Allergies.		
<b>HE IS SUBJECT TO:</b>					
Sinus Trouble			Poison Ivy, Oak, or Sumac		
Fainting Spells			Reaction to Penicillin		
Ear Trouble			Convulsions		
Nervousness/ Easily upset			Enuresis		

### **PERMISSION FOR EMERGENCY MEDICAL TREATMENT**

In the event my child becomes ill or sustains injury while in the care of or under the supervision of the Royal Ranger Outpost, any of its officers or leaders, they are given permission to administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for care, consent is hereby given to admit my child to any hospital; consent is also given to any licensed physician and/or surgeon called, or to whom my child is taken for treatment by them to administer such treatment, drugs, and medicines, and to perform such surgical procedures as they shall think the existing emergency requires for the relief of pain and to preserve my child's life and health. Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse the Royal Ranger Outpost or leader for any expenses incurred in the care of my child should any type of medical treatment be necessary. This would include hospitals, doctors, ambulances, etc. (Signature to be considered valid through December 31, 2009)

Print: Parent or Guardian Name

Parent or Guardian Signature

Today's Date



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