

NYMN Royal Rangers MEDICAL RECORD

This "Medical Record" form must be submitted with the appropriate **event** application, (Recommended for all adults should also submit the form).

PARTICIPANT'S NAME _____ Birthdate: _____ Age: _____ Ranger District: _____ Outpost _____
First Name Mil Last Name suffix

Personal Medical Insurance Company _____ Phone: _____ Policy : _____

Health History: Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition
		Abdominal/digestive
		Asthma/breathing problems
		Bleeding disorders
		Ear/sinus problems
		Behavioral/neurological disorders
		Excessive fatigue
		Disability - special need

Y	N	Condition
		Fainting spells
		Kidney disease
		Thyroid disease
		Hypertension (high blood pressure)
		Heart disease, heart attack, heart murmur
		Stroke
		Diabetic type 1 or 2

Y	N	Condition
		Lung/respiratory disease
		Muscular/skeletal condition
		Sleep disorders
		Sickle cell disease
		Seizures
		Food allergies
		My son carries an EPI Pen

If yes to any, please explain:

IMMUNIZATIONS: The following immunizations are recommended. Please indicate below if you have received the immunization, and the date received. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Meningococcal, Hepatitis A, Hepatitis B and Polio.

Immunized?		Immunization	Date Received	Had disease?		Date(s) you had the disease
Y	N			Y	N	
		Td/TDAP – Tetanus, diphtheria, pertussis				
		MMR – Measles, Mumps, Rubella				
		MENINGOCOCCAL MENINGITIS *				

* Please review the "NYMN_childrens_camp_parent_letter" **Press ==>>**https://www.dropbox.com/s/xjpxakpbnffoxt/NYMN%20vaccine_response_form.pdf?dl=0

MEDICATIONS: Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

Medication	Strength	Frequency	Approx. Date Started	Needed For

Please provide additional information concerning current health or medical conditions not referenced elsewhere:

Applicant or Parent/ Guardian :

Applicant is physically able to attend the NYMN Royal Rangers JLDA, Pow Wow or FCF? Yes No

Parent/Legal Guardian Consent: The parent's or legal guardian's signature below indicates the following statement applies to their son.

I, the undersigned, hereby acknowledge that to the best of my knowledge, I qualify for participation in this event and do hereby agree to abide by the rules and standards established for this event by its appointed leadership. I acknowledge that the information provided on this health history form is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership.

Signature of Applicant or Parent or guardian if Applicant is a minor

Date of Signature

This form is valid for 1 year from date of signature

Permission Slip

Outpost # _____

JLDA JLDA & Pow Wow Pow Wow FCF Spring FCF Fall FCF Territorial

Please check the desired event

(To be completed for all chartered/non-chartered Royal Rangers minors under age 18)

I do hereby authorize _____ to attend the _____ event at the
New York District AG Royal Rangers Camp @ 1106 County Rd, Greene, NY.
First Name MI Last Name suffix

While striving to ensure a safe and closely supervised environment, the Royal Rangers Staff, the New York District Royal Rangers, and the New York District Council of the Assemblies of God cannot be held responsible for any accident or injury which may occur during the activity.

I understand that I will be notified in the case of a medical emergency. However, if I cannot be reached, I give my permission to hospitalize and/or secure the services of a licensed physician, surgeon, or anesthetist in providing the necessary care for my child as named on this form and the required Medical Record form. I understand that the Royal Rangers staff, the New York District Royal Rangers, and the New York District Council of the Assemblies of God will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent or guardian.

Our camp has a history of ticks, <https://www.dropbox.com/s/4hzp6akvn2d4eto/tick-safety-awereness-guide.pdf?dl=0>.
I have reviewed the information on ticks. Yes No

- I give my permission for my son to carry and apply insect repellent, if my son needs assistance, I authorize the following (unlicensed) person to apply insect repellent. _____
- I give my permission for my son to carry and use an "EPI Pen". Yes No
- My son has disabilities that will require assistance. Yes No
If yes additional information, _____
- My son has special dietary requirements. Yes No
If yes additional information, _____

My Signature certifies that I agree to the above and that the information I provided on this page and the Application, are accurate and complete to the best of my knowledge and I give my permission for my son or ward to attend camp.

Signed _____ Date _____
Parent or Guardian of minors, signature Print Name m/d/yyyy

Please bring this completed Boy's Permission form along with completed NYMN Royal Rangers MEDICAL RECORD form to the event.