Royal Rangers
Hope Evangelical Community Church
Emergency Medical Information and Authorization 2022-2033

Please print   *NOTIFY IN AN EMERGENCY:*

Name _____   Name _____

Address_____   Address_____

City _____   City _____

State_____Zip_____   State_____Zip_____

Phone ( )_____   Emergency Phone ( )_____

Date of Birth_____   Relationship _____

Have you ever been treated for any of the following? If yes, check the box.

❑ Heart disease
❑ Seizures
❑ High blood pressure
❑ Asthma
❑ Bronchitis
❑ Diabetes

Please identify any physical impairments or limitations:_____

_____

_____

Please list any medications being taken:

_____

_____

Please provide additional information about any items (checked Yes) to left.

_____

_____

_____

_____

_____

Date of last Tetanus booster _____
                              (month and year)

Do you wear: (If yes, check the box.)
❑ Contacts
❑ Glasses
❑ Dental appliance

IN THE EVENT HOSPITALIZATION IS NEEDED, PLEASE FILL IN BELOW

Name of Insured: _____
                        (POLICY HOLDER)

MEDICAL / HOSPITAL INSURANCE COMPANY: _____

POLICY OR CERTIFICATE NUMBER:_____

EMPLOYER:_____EMPLOYER'S GROUP: _____

NUMBER:_____SUBSCRIBER'S DATE OF BIRTH: _____

Medical Treatment Authorization

_____has my permission to participate in sanctioned activities of HECC North D , North MA Royal Rangers Outpost 170 provided he is properly supervised by authorized commanders. Such activities would include field trips, campouts, ball games, and any other normal activities.

I understand that all the necessary precautions have been taken for the safety of my child and that every effort will be made to contact me in the event of a medical emergency to seek permission for treatment. Should the physician deem necessary, I authorize hospitalization, anesthesia or injection of medication. I understand that Hope Evangelical Community Church will not take care of medical expenses incurred; they will be my responsibility as the parent/guardian.

I agree to notify HECC 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 Royal Rangers 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** _____