

# Medical Record for District Campout 2013

# Insurance Information

Camper's Full Name \_\_\_\_\_

HEALTH INSURANCE COMPANY'S NAME \_\_\_\_\_

### In case of emergency please notify:

POLICY NUMBER \_\_\_\_\_

Last Name (Please Print) \_\_\_\_\_ First Name \_\_\_\_\_

CERTIFICATE NUMBER \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Evening Phone Number \_\_\_\_\_

EFFECTIVE DATE OF COVERAGE \_\_\_\_\_

HEALTH INSURANCE CO. PHONE NUMBER \_\_\_\_\_

**Health History** To be completed by the applicant (if over age 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Circle either "Y" or "N." If "Yes" explain under "Remarks and medical facts."

Sinus Condition	Y	N	Shortness of Breath	Y	N	Exposed to infectious:	Y	N
Ear Problem	Y	N	Skin infection	Y	N	Disease past 3 weeks	Y	N
Lung Problem	Y	N	Hearing difficulty	Y	N	Hepatitis past 6 months	Y	N
Heart trouble	Y	N	Bad eyesight	Y	N	Any disorder preventing strenuous activity?	Y	N
High blood pressure	Y	N	Wear contact lenses	Y	N	Taking prescription medicine?	Y	N
Allergy - Asthma	Y	N	Any medical care	Y	N	Any reaction to drugs or medicine of any type?	Y	N
Fainting or dizzy spells	Y	N	in past year	Y	N			
Diabetes	Y	N	Any surgery within	Y	N			
Appendix removed	Y	N	past year	Y	N			
			Special diet required	Y	N			

Food or drug allergies \_\_\_\_\_  
 I am currently taking the following medicines \_\_\_\_\_  
 Remarks and medical facts: \_\_\_\_\_

Give latest date of inoculation or vaccination against the following:  
 Tetanus \_\_\_/\_\_\_/\_\_\_ Small Pox \_\_\_/\_\_\_/\_\_\_  
 Measles \_\_\_/\_\_\_/\_\_\_ Typhoid \_\_\_/\_\_\_/\_\_\_  
 Diphtheria \_\_\_/\_\_\_/\_\_\_ Polio \_\_\_/\_\_\_/\_\_\_

## Required Release Signatures - Minors

**Parent/Legal guardian consent:** The signature of a parent or legal guardian is required for all minors (under the age of 18). The parent's or legal guardian signature below indicates: Permission to administer medical attention to the minor in the event of an emergency, permission to the physician selected by the Camp Commander (or delegate) to hospitalize and secure proper treatment (including surgery). It is understood that the camp officials will make a conscientious effort to locate emergency contacts listed on this form. I/we will fully pay for all medical expenses incurred. \*If an injury occurs at camp it must be reported. I also agree that my child may be photographed to be used in promotional material (such as newsletter, website, etc). I, the undersigned parent or guardian, release the General Council of the Assemblies of God, the Arizona Royal Ranger District, and volunteers from any personal liability resulting from bodily injury and/or property damage sustained on behalf of the aforementioned participant.

\_\_\_\_\_ Print  
 complete name minor PARENT/LEGAL GUARDIAN SIGNATURE DATE

**Parent/Legal guardian consent:** By signing below I give consent for my son to participate in any of the District Camp activities which may include black powder loading, archery, and .22 rifle shooting.

\_\_\_\_\_ Print  
 complete name minor PARENT/LEGAL GUARDIAN SIGNATURE DATE

**Minor Campers Signature:** I agree to abide by and cooperate with all policies, Commanders and fellow campers. I agree to abide by the camp rules.

\_\_\_\_\_ DATE  
 CAMPER'S SIGNATURE

## Required Release Signatures - Adults

**Adult (18+) Pastor's Certification for Church Worker:** I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicant's workers screening form.  
**Campers 18 years of age or older are considered adult leaders.**

\_\_\_\_\_ DATE  
 PASTOR'S SIGNATURE

**Adult Applicant's Signature:** My signature acknowledges that I have truthfully abided by the requirements as stated on this application form. My signature verifies I am age 18 or older, and I have received my pastor's signature as required. My signature also indicates my permission for emergency medical treatment should the need arise while at District campout.

\_\_\_\_\_ DATE  
 APPLICANT'S SIGNATURE