

Kentucky Royal Rangers

Personal Medical Record Adult Screening Form, Photo Release

Insurance Information

Applicant's Full Name

Health Insurance Company's Name

In case of emergency please notify:

Last Name *(please print)*

First Name

Policy Number

Certificate Number

Daytime Contact Phone Number

Evening Contact Phone Number

Effective date of coverage

Health Insurance Company's Phone Number

General Information:

A Personal Medical Record must be completed by each applicant for participation. Records for minors (under age 18) must include a parent or guardian's signature. Royal Rangers office reserves the right to accept or reject any person based upon his medical health.

Food or drug allergies

I am currently taking the following medications

Remarks and medical facts:

Special dietary

Additional remarks

Health History

To be completed by the applicant (if over 18) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant experienced the following? Check "Yes" or "No."

Sinus condition

yes no

yes no

Shortness of breath

yes no

yes no

Exposed to infectious:

Ear problem

yes no

yes no

Skin infection

yes no

yes no

Disease past 3 weeks

yes no

yes no

Lung problem

yes no

yes no

Hearing difficulty

yes no

yes no

Hepatitis past 6 months

yes no

yes no

Heart trouble

yes no

yes no

Bad eyesight

yes no

yes no

Any disorder preventing strenuous activity?

yes no

yes no

High blood

yes no

yes no

Wear contact lenses

yes no

yes no

Taking prescription medicine?

yes no

yes no

Allergy-Asthma

yes no

yes no

Any medical care in the past year?

yes no

yes no

Any reaction to drugs or medicine or any type?

yes no

yes no

Fainting or dizzy

yes no

yes no

Any surgery within past year?

yes no

yes no

Special diet required?

yes no

yes no

Diabetes

yes no

yes no

Any surgery within past year?

yes no

yes no

Special diet required?

yes no

yes no

Appendix

yes no

yes no

year?

yes no

yes no

Special diet required?

yes no

yes no

Give latest date of inoculation or vaccination against following:

	Date		Date
Tetanus	<input type="text"/>	Small Pox	<input type="text"/>
Measles	<input type="text"/>	Typhoid	<input type="text"/>
Diphtheria	<input type="text"/>	Polio	<input type="text"/>

Birth Date	Height	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian's Name (Please Print)

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Parent/Guardian's Area Code and Phone Number

Parent / Guardian's Address

City

State

Zip

Required Release

Signatures

Parent/Legal Guardian Consent & Model Release *(Required for all applicants under 18 years of age)* I, the undersigned, as parent or legal guardian of the above named minor do hereby consent to his participation in this event and authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

Print Complete Name of Minor

✕

Parent/Legal Guardian Signature

Date

Pastor's Certification *(Required for all applicants 18 years of age or older)* I, the undersigned, as Pastor of the above named adult participant do hereby acknowledge that the individual has been properly screened and approved for children or youth work in our church and provide my unqualified endorsement to his/her participation in this event.

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Pastor's Signature

Date

Applicant's Signature *(Required for all applicants)* 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 my Personal Medical Record is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership. I further acknowledge my understanding that media footage, including audio, video and photos, may be recorded at the event for future promotional use and hereby consent to the use of such items containing images of me in any form and relinquish all rights of ownership or compensation.

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Applicant Signature

Date