

**Outpost #** \_\_\_\_\_ **Church** \_\_\_\_\_

**Individual Medical Form**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*In case of emergency, please notify:*

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone #: Home (\_\_\_\_\_) \_\_\_\_\_ Work/Other (\_\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's Phone #: (\_\_\_\_\_) \_\_\_\_\_

Senior Commander at Pow Wow: \_\_\_\_\_

Second-in-Command Commander at Pow Wow: \_\_\_\_\_

**MEDICAL QUESTIONNAIRE**

Are you presently being treated for any injury or sickness? [ ] NO [ ] YES, \_\_\_\_\_

Are you allergic to any foods or medications? [ ] NO [ ] YES, \_\_\_\_\_

Do you require a special diet? [ ] NO [ ] YES, \_\_\_\_\_

Is there anything we should know about that would prevent you from participation in rigorous activity? [ ] NO [ ] YES, \_\_\_\_\_

Can you swim? [ ] NO [ ] YES If under 18, are you permitted to participate in swimming activities? [ ] NO [ ] YES

Are you taking any form of medication for any reason? [ ] NO [ ] YES, **Please list all medications:**

<u>Name of medication</u>	<u>Dosage</u>	<u>When to be administered</u>
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____
5) _____	_____	_____

**\*\*PLEASE NOTE: ALL medications to be administered by the staff during POW-WOW are required to be in the original pharmacy labeled container. If not in the original pharmacy labeled container, we CANNOT assume the liability and will not be able to administer the medications. \*\***

For Rangers (under 18):

**Parent/Legal Guardian Consent:** The signature of a parent or legal guardian is required for a minor to attend the Georgia Royal Rangers Training Academy, from July 18-21, 2007. The signature below indicates permission to administer medical attention to the minor in the event of a medical emergency.

\_\_\_\_\_  
Print complete Name of Minor

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

For Leaders (18+):

**Adult Applicant's Signature:** My signature acknowledges that I have truthfully stated the information on this form and indicates my permission for emergency medical treatment should the need arise.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date