

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: _____

Commander at GRRTA: _____

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 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. 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