

NYMN Royal Rangers MEDICAL RECORD

This "Medical Record" form must be submitted with the appropriate **event** application, (Recommended for all adults should also submit the form).

PARTICIPANT'S NAME _____ Birthdate: _____ Age: _____ Ranger District: New York Outpost _____
First Name Mil Last Name suffix

Personal Medical Insurance Company _____ Phone: _____ Policy : _____

Health History: Do you currently have, or have you ever been treated for any of the following?

Y	N	Condition
		Abdominal/digestive
		Asthma/breathing problems
		Bleeding disorders
		Ear/sinus problems
		Behavioral/neurological disorders
		Excessive fatigue
		Disability - special need

Y	N	Condition
		Fainting spells
		Kidney disease
		Thyroid disease
		Hypertension (high blood pressure)
		Heart disease, heart attack, heart murmur
		Stroke
		Diabetic type 1 or 2

Y	N	Condition
		Lung/respiratory disease
		Muscular/skeletal condition
		Sleep disorders
		Sickle cell disease
		Seizures
		Food allergies
		My son carries an EPI Pen

If yes to any, please explain:

IMMUNIZATIONS: The following immunizations are recommended. Please indicate below if you have received the immunization, and the date received. The CDC (Center for Disease Control) also recommends that you be current on the following immunizations: Influenza (flu), Pneumonia, Meningococcal, Hepatitis A, Hepatitis B and Polio.

Immunized?		Immunization	Date Received	Had disease?		Date(s) you had the disease
Y	N			Y	N	
		Td/TDAP – Tetanus, diphtheria, pertussis				
		MMR – Measles, Mumps, Rubella				
		MENINGOCOCCAL MENINGITIS *				

* Please review the "NYMN_childrens_camp_parent_letter" Press =>>https://www.dropbox.com/s/xjpxakpbnffoxt/NYMN%20vaccine_response_form.pdf?dl=0

MEDICATIONS: Please indicate below all medications currently being used, including items for occasional or emergency use. Attach additional forms if additional space is needed.

Medication	Strength	Frequency	Approx. Date Started	Needed For

Please provide additional information concerning current health or medical conditions not referenced elsewhere:

Applicant or Parent/ Guardian :

Applicant is physically able to attend the NYMN Royal Rangers JLDA, Pow Wow or FCF? Yes No

Parent/Legal Guardian Consent: The parent's or legal guardian's signature below indicates the following statement applies to their son.

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 this health history form is true and correct and I consent to the administration of emergency medical treatment at the discretion of the event leadership.

Signature of Applicant or Parent or guardian if Applicant is a minor

Date of Signature

This form is valid for 1 year from date of signature