



Rangers Program Medical History Form

Outdoor activities very often take place in the wilderness and away from medical help. Your health and safety is very important to both us and your parents so please answer the following questions as thoroughly and honestly as possible. We ask these questions so that we can be prepared to deal with problems that may arise as well as help you prepare yourself. Answer **ALL** the questions and sign and date the form. This form **will** be kept confidential.

Name _____
(last) (first) (m.i.)

Date of birth _____ Height _____ Weight _____

SS# _____

Contact Information in case of Emergency

Name _____
Address _____
Phone #s (h) _____ (c) _____
Relation _____

List all prescription drugs you are taking

Do you have or have you had any problems of which we should be aware? (allergies, asthma, diabetes, epilepsy, physical limitations which may prevent you from your full participation, etc.) Please explain.

Do you have insurance? Yes _____ No _____

Health insurance provider _____

Policy Number _____

We are not in a position to provide insurance. Participants must be able to take care of their own medical expenses.

The recorded medical history form is correct and complete to the best of my knowledge. Should I sustain any injury or illness while on a Ranger trip, my signature on this form authorizes the trip leaders/first aid personnel the right to administer first aid.

Signature _____ Date _____

Parent/Guardian Signature _____