



Royal Rangers ~ Camp of Greater Accra West Region CampoGAW Royal Rangers' Emergency Medical Release Form



Emergency contact information:

Ranger's name:		Date of birth:	
Outpost:		District:	
Contact:		Email:	
Father's name:		Occupation:	
Employment:		Mobile phone:	
Mother's name:		Occupation:	
Employment:		Mobile phone:	
Family doctor:		Dr.'s phone (1):	
Office address:		NHIS card.:	

Medical questionnaire:

				Yes	No
1.	Is your son/daughter presently being treated for any injury or illness or taking any form of medication for any reason?				
2.	Is your son/daughter allergic to any medication?				
	If "yes" to #2, please list:				
3.	Has your son/daughter ever had an operation?				
4.	Does your son/daughter require a special diet?				
5.	Has your son/daughter ever had any of the following? (past or present)				
		Yes	No	Yes	No
	Seizure disorders:			Respiratory disorders:	
	Diabetes:			Kidney disorders:	
	Asthma:			Measles:	
	Hay fever:			Chickenpox:	
	Heart disorders:			Colour blindness:	
	Broken bones:			Immune deficiency:	
Other:					
6.	Has your son/daughter had his appendix removed?				
7.	Does your son/daughter have any allergies other than medicinal?				
	If "yes" to #7, please list:				
8.	Is there any family history of the disease?				
	If "yes" to #8, please list:				
9.	Does your son/daughter ever sleepwalk?				
10.	Does your son/daughter get nervous or upset easily?				
11.	Is your son/daughter hyperactive?				
	If "yes" to #11, is he on medication? Please list:				
12.	May we give paracetamol or "diclofenac" for pain and/or fever?				
13.	Is your son/daughter allergic to 'Flagyl' or 'ciprofloxacin' or other antibiotics?				

If you wish to share additional information, please do so on the reverse side of this form.