2019 New Mexico Royal Rangers | 2019 NMRR District Ranger Camp Medical History & Release

In case of emergence, please notify: Name:	Camper's Name:		Chu	Church:			
Relationship to camper Home Phone Cell Phone Group Number I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation. Any expenses incurred that insurance policies will not pay; they will be my responsibility as the parent/guardian. Health History To be completed by the applicant (if 18 years or older) or by a parent/guardian if the applicant is a minor (under age 18). Has the applicant ever experienced any of the following? Check either Y (Yes) or N (No). If y please explain in the Additional Information section. Height: Weight: Sinus Condition Ear Problem Lung Problem Hearing Difficulty Heart Trouble Bad Eyesight Heart Trouble Bad Eyesight Prescription Medication Allergy/Asthma Wear Glasses OTC Medications Proug or Food Allergies Fainting / Dizzy Diabetes Current Medications: Additional Information: Adult Applicant Signature: My signature indicates my permission for emergency medical treatment should in the policy in the event of any medical treatment should in the event of any necessary in the event of any medical treatment should in the event of any necessary in the event of any medical treatment should in the event of any necessary in	In case of emergend	ce, please notify:		Insuran	ce Information		
Home Phone Policy ID #	Name:			Health Insurance Carrier			
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	Current Medications:	Surgeries	in Past Year		ъресіаі Diet		
Adult Applicant's Signature: Date: Parent / Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to atter a New Mexico Royal Rangers camp. The parent's or legal guardian's signature below indicates permission to	need arise while at a New N Adult Applicant's Signature: Parent / Legal Guardian Co	Nexico Royal Rangers e nsent: The signature of	vent or while trav	veling to or Da	from the campground. te: is required for a minor to a	attend	_
administer medical attention to the minor when necessary. Print Complete Name of Minor: Parent / Legal Guardian Signature: Date:	Print Complete Name of Mi	nor:	•				_