



# Ranger Information

Outpost 144 New Jersey District

Form Date: \_\_\_\_\_

Ranger's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone No.: Home Work Cell

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

## Parent/Guardian Information

Father's/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone No.: Home Work Cell

E-mail: \_\_\_\_\_

Marital Status	
Married	_____
Divorced	_____
Separated	_____
Widowed	_____
Single	_____

Mother's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Phone No.: Home Work Cell

E-mail: \_\_\_\_\_

Marital Status	
Married	_____
Divorced	_____
Separated	_____
Widowed	_____
Single	_____



# Medical Emergency Information and Treatment Authorization Outpost 144 New Jersey District

Ranger's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father / Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's / Guardian's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name Phone #

Parent Phone No.: \_\_\_\_\_

Home Work Cell

Name Child's Doctor: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Date of child's Last Doctor's Examination / Physical: \_\_\_\_\_

List any medical conditions the child has: \_\_\_\_\_

List regular medications child takes, and reason for taking them: \_\_\_\_\_

List any medications the child is allergic to: \_\_\_\_\_

List any operations the child has had: \_\_\_\_\_

List anything child is allergic to: \_\_\_\_\_

Explain any special treatment child needs: \_\_\_\_\_

Can your child swim? \_\_\_\_\_

## Medical Treatment Authorization

\_\_\_\_\_ has my permission to participate in any sanctioned activity of Nutley Abundant Life Worship Center, 390 Washington Ave., Nutley, NJ 07110, Royal Ranger Outpost 144, that is supervised by the Outpost 144 commanders.

I understand that all the necessary precautions have been taken for the safety of my child, and I will be notified in the case of any emergency involving my child. I authorize the calling of a doctor, and the providing of medical treatment to my child in the event of an accident, injury, or sickness. I understand that Nutley Abundant Life Worship Center, or the Royal Rangers are not responsible for the medical expenses incurred for any Medical treatment given to my child. The medical expenses will be my responsibility as parent, or guardian.

I agree to notify Nutley Abundant Life Worship Center Royal Rangers of any change in the health condition, of my child, that would effect my child during any Royal Ranger activity. I also, understand that any Royal Ranger commander may restrict my child from any activity that he/she feels may be unsafe or beyond my child's capabilities.

Parent's / Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# After Meeting pick-up

## Outpost 144

Year: \_\_\_\_\_

Rangers Name: \_\_\_\_\_

Please list the person(s) that will be picking up your son from Ranger meetings and outings:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

