



Minnesota District Assembly of God
 1315 Portland Ave S
 Minneapolis, MN 55404
 (612) 332-2400

Minnesota District Royal Ranger
**2010 PERMISSION / EMERGENCY MEDICAL
 AUTHORIZATION**

For all boys and youth (Kindergarten to 12th grade)

Ranger Parent(s):

Please completely fill out and sign this form. For your son's protection and safety, he will not be able to participate in any Royal Ranger District event without it.

This medical emergency form MUST be signed by a parent or guardian, and accompany the minor who wishes to participate in the Minnesota District Royal Ranger event.

Child's Name: _____
Street Address: _____
City / State / Zip: _____
Father's Name: _____
Mother's Name: _____
Family Doctor: _____
Insurance Company: _____

Date of Birth: _____
Home phone: () _____
Social Security #: _____
Work / Cell phone: () _____
Work / Cell phone: () _____
Office phone: () _____
Policy Number: _____

MEDICAL QUESTIONNAIRE

Please answer ALL of the following questions. EXPLAIN any "YES" answers completely in the space provided below.

Does your son have or is currently being treated for:	
<input type="checkbox"/> Yes <input type="checkbox"/> No 1. Any injury/ illness or taking any form of medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No 12. Has your son ever had any operations?
<input type="checkbox"/> Yes <input type="checkbox"/> No 2. Asthma?	<input type="checkbox"/> Yes <input type="checkbox"/> No 13. Is there any family history of any disease?
<input type="checkbox"/> Yes <input type="checkbox"/> No 3. Allergies to any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No 14. Has your son had any "Childhood Diseases" (i.e. measles, mumps, chicken pox, etc)?
<input type="checkbox"/> Yes <input type="checkbox"/> No 4. Hay fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No 15. Does your son ever sleepwalk?
<input type="checkbox"/> Yes <input type="checkbox"/> No 5. Other known allergies?	What may we give your son for pain or fever? <input type="checkbox"/> Tylenol
<input type="checkbox"/> Yes <input type="checkbox"/> No 6. His tonsils removed?	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Yes <input type="checkbox"/> No 7. His appendix removed?	<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Yes <input type="checkbox"/> No 8. Require a special diet?	How would you classify your son's swimming ability? <input type="checkbox"/> Beginner
<input type="checkbox"/> Yes <input type="checkbox"/> No 9. Any chronic medical problems (i.e. cardiac, respiratory, kidney, seizure or other problems)?	<input type="checkbox"/> Intermediate
<input type="checkbox"/> Yes <input type="checkbox"/> No 10. Color blindness?	<input type="checkbox"/> Advanced
<input type="checkbox"/> Yes <input type="checkbox"/> No 11. ADD or ADHD? (Is he on medication?)	What is the date of your son's last physical? _____
	What is the date of your son's last tetanus shot? _____
In addition to the above explanations, list any other medical considerations not mentioned above?	

Person(s) to contact in the event of an emergency: Name: _____ Phone: () _____
 Name: _____ Phone: () _____

"I have read and approved the included information. You have my permission for my child to attend the camp and to participate in its activities. I, acting on my own behalf, also release the Minnesota District Royal Rangers and/or Lake Placid Bible Camp, its agents, assigns, staff, employees as well as volunteer workers from any liability whatsoever arising out of property damage or loss as well as any injury, sickness or death which may be sustained by my child as the result of any participation in any camp activity. I am aware of the risks associated with participating in camping activities and accept participant's participation with full awareness of these risks.

"I give my permission for the camp medical personnel to treat the listed participant in the event of a minor illness or minor injury. In case of emergency, and when I am unable to be contacted, I hereby give permission to the local physician selected by the camp to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

I authorize the MN District Royal Rangers to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos. I authorize camp personnel to inspect camper's belongings to see that they have not brought any prohibited or illegal items. I understand that if my child misbehaves and violates the camp rules, I may be called to pick him/her up."

 Signature of parent or legal guardian Date

 Print name



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Minnesota District Royal Ranger
STATEWIDE EVENTS
 For all person 18 years and older

ADULT VERIFICATION FORM

Year _____

Part I: For the Senior Pastor:

Please completely fill out and sign this form. The purpose of the document is to promote a safe environment for all children attending this event. He / she will not be able to participate in any Royal Ranger District event without this form.

This form MUST be signed by the senior pastor or designated appointee and accompany the adult who wishes to participate in this Minnesota District Royal Ranger event. Any person without this document will be asked to leave.

NAME _____ PHONE (____) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

CHURCH _____ CITY _____

I am a Adult serving in the following capacity: (check one of following options)

- Royal Ranger Outpost # _____
- Helper
- A parent attending the Royal Ranger event

Pastor's Certification of Adult:

I am personally acquainted with the applicant and in my opinion he/she is of appropriate character to be with young people. I know of no facts or allegations that raise any question concerning his/her suitability for participating with minors at the Field Day.

Pastor's Signature of Affirmation _____

Pastor's name (please print) _____

Church name (please print) _____

Date of Pastor's Signature _____

An original copy with an original signature, must be submitted at registration when arriving at the event. One application must be submitted for **EACH ADULT** and is valid for only this event.

Part II: For the Applicant: Permission to Use Image or Likeness:

I authorize the MN District Royal Rangers to use my likeness in photographs or video in any and all of its publications and in any and all other media. I will make no monetary or other claims against the District for the use of such photos or videos."

 Signature

 Date

 Print name



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Minnesota District Royal Ranger
**2010 EMERGENCY MEDICAL
 AUTHORIZATION**
 For Adults Leaders

Ranger Parent(s):

Please completely fill out and sign this form to participate in any District Training Camp.

Ranger's Name _____ Date of Birth _____
 Street Address _____ Phone (___) _____
 City/State/Zip _____ Soc Sec # _____
 Spouse Names _____ Work Phone (___) _____
 Family Doctor _____ Office Phone (___) _____
 Insurance Company _____ Policy Number _____

MEDICAL QUESTIONNAIRE

Please check you have any difficulty with:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Eyes, ears, nose throat | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Lungs | <input type="checkbox"/> Digestion | <input type="checkbox"/> Convulsions |
| <input type="checkbox"/> Allergies to medication | <input type="checkbox"/> Hernia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> ADHD or similar |

Describe if checked: _____

Please answer the following questions:

Swimming ability (please circle one): Cannot swim / Beginner / Intermediate / Advanced

I can take the following (please circle which are applicable): Aspirin / Tylenol / Ibuprofen

Family history of disease: _____

Explain: _____

Do you require a special diet? _____

Explain: _____

Any condition now requiring regular medication? _____

Explain: _____

Operations of serious injuries (list injury and date)? _____

Explain: _____

Other chronic medical problem or other medical considerations not listed above? _____

Explain: _____

Any restrictions of activities for medical reasons? _____

Explain: _____

Date of last Tetanus shot: _____ Date of last physical: _____

 (DATE) (SIGNATURE)