



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 12<sup>th</sup> 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.

<b>Does your son have or is currently being treated for:</b>	
<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"/> Yes <input type="checkbox"/> No 6. His tonsils removed?	<input type="checkbox"/> Tylenol
<input type="checkbox"/> Yes <input type="checkbox"/> No 7. His appendix removed?	<input type="checkbox"/> Aspirin
<input type="checkbox"/> Yes <input type="checkbox"/> No 8. Require a special diet?	<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Yes <input type="checkbox"/> No 9. Any chronic medical problems (i.e. cardiac, respiratory, kidney, seizure or other problems)?	How would you classify your son's swimming ability?
<input type="checkbox"/> Yes <input type="checkbox"/> No 10. Color blindness?	<input type="checkbox"/> Beginner
<input type="checkbox"/> Yes <input type="checkbox"/> No 11. ADD or ADHD? (Is he on medication?)	<input type="checkbox"/> Intermediate
	<input type="checkbox"/> Advanced
	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