



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

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.

Leader's Name _____

Date of Birth _____

Street Address _____

Phone (____) ____ - ____

City/State/Zip _____ MN _____

Soc Sec # ____ - ____ - ____

Spouse Name _____

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 check one): Cannot swim Beginner Intermediate Advanced

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

Family history of disease: _____

Explain: _____

Do you require a special diet? Yes No

Explain: _____

Any condition now requiring regular medication? Yes No

Explain: _____

Operations of serious injuries (list injury and date)? Yes No

Explain: _____

Other chronic medical problem or other medical considerations not listed above? Yes No

Explain: _____

Any restrictions of activities for medical reasons? Yes No

Explain: _____

Date of last Tetanus shot: _____

Date of last physical: _____

 (DATE)

 (SIGNATURE)