



Minnesota District Assembly of God  
 1315 Portland Ave S  
 Minneapolis, MN 55404  
 (612) 332-2409

MINNESOTA DISTRICT ROYAL RANGER  
 2005 PERMISSION /  
 EMERGENCY MEDICAL  
 AUTHORIZATION

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

**Ranger Parent(s):**

Please completely fill out both sides of 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.

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

MEDICAL QUESTIONNAIRE

Answer ALL of the following questions. EXPLAIN any "YES" answers completely in the space provided on the REVERSE SIDE of this form (except #20).

- |   |           |          |
|---|-----------|----------|
| 1. Is your son presently being treated for any injury or illness or taking any form of medication for any reason?           | _____ YES | _____ NO |
| 2. Does your son have asthma?   | _____ YES | _____ NO |
| 3. Is your son allergic to any form of medication?  | _____ YES | _____ NO |
| 4. Does your son have hay fever?  | _____ YES | _____ NO |
| 5. Does your son have any other known allergies?  | _____ YES | _____ NO |
| 6. Has your son ever had his tonsils removed?   | _____ YES | _____ NO |
| 7. Has your son ever had his appendix removed?  | _____ YES | _____ NO |
| 8. Has your son ever had any operations?  | _____ YES | _____ NO |
| 9. Is there any family history of any disease?  | _____ YES | _____ NO |
| 10. Does your son require a special diet?   | _____ YES | _____ NO |
| 11. Does your son have any chronic medical problems (i.e. cardiac, respiratory, kidney, seizure or other problems)?         | _____ YES | _____ NO |
| 12. Has your son had any "Childhood Diseases" (i.e. measles, mumps, chicken pox, etc)?                                      | _____ YES | _____ NO |
| 13. Is your son color blind?  | _____ YES | _____ NO |
| 14. Does your son ever sleepwalk?   | _____ YES | _____ NO |
| 15. Is your son ADD, ADHD or hyperactive? (If so, is he on medication?)   | _____ YES | _____ NO |
| 16. May we give Tylenol/Aspirin/Ibuprofen for pain or fever? If yes, which one? Tylenol _____ Aspirin _____ Ibuprofen _____ | _____ YES | _____ NO |
| 17. What is the date of your son's last tetanus shot?   | _____     | _____    |
| 18. What was the date of your son's last physical?  | _____     | _____    |
| 19. Are there any other medical considerations not mentioned above?   | _____ YES | _____ NO |
| 20. Can your son swim?  | _____ YES | _____ NO |
- Classification: \_\_\_ Beginner \_\_\_ Intermediate \_\_\_ Advanced

Outpost No. \_\_\_\_\_  
 Church Name: \_\_\_\_\_

If you answered "YES" to any of the questions in the medical questionnaire (Other than #20), Please give a complete explanation in the space below (i.e. medication information, dietary information, dates and types of illnesses, operations, etc.):

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### Part I: Medical Authorization

My son has permission to participate in any sanctioned MN District Royal Rangers event provided he is supervised by authorized Royal Rangers leaders. I understand that medical personnel will be available at all times throughout the camp and that I will be contacted as soon as possible in the event of an emergency (accident, injury or illness). I authorize the MN District Staff and the local leaders to give consent for treatment of my son by licensed personal in the event of such an emergency.

I understand that this form is effective for this calendar year from the date signed, but may be changed or revoked at any time by notifying the MN District Staff. I agree to notify the MN District Staff and local leaders in the event of any health changes which would restrict my son's participation in any of the normal activities of the group. I understand that the MN District Staff and local leaders has the responsibility and the right to restrict any person from any activity which he/she feels is beyond the physical capabilities of that person.

PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY:

PHONE NUMBERS:

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### Part II: Permission and Release Authorization

This permission / release form **MUST** be signed by a parent or guardian, and accompany the minor who wishes to participate in the any Minnesota District event and will be retained by the Minnesota District Assembly of God.

The purpose of the form is to make it possible for parents and guardians to authorize permission for their minor to attend this event. By completing this section you are giving your permission for your child to attend this event and agree to the following:

"In consideration of our child being allowed to participate in this event, we authorize the Minnesota District Council of the Assemblies of God to use our child's likeness in photographs or video in any and all of its publications and in any and all other media. We will make no monetary or other claim against the District for the use of such photographs or video."

DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR LEGAL GUARDIAN

#### District Royal Rangers Events:

- All Junior Camps
- Statewide Campout