

Michigan District Royal Rangers

MINOR Registration Form

This form must be completed, signed and accompany the minor to attend this event. The purpose of this form is to make it possible for parents or guardians to authorize the provision of emergency treatment for any child under the age of 18 who may become ill or injured. *PLEASE PRINT!*

Event: _____ Location: _____ Date: _____

Minor's Name _____ Phone _____ Age _____

Address _____

City _____ State _____ Zip _____

Church

Church Address

City _____ State _____ Zip _____

Name of Commander Responsible

Children's Ministry Team Leader

Outpost #

PARENT Permission Form, Medical Authorization and Medical Information

I hereby give my permission for the above named child to attend this event. I understand the arrangements and believe that adequate precautions for the safety of my child have been, and will be provided at this event. I will not hold the local church, or Staff, or Michigan District Council, Inc of the Assemblies of God, responsible for accidents. I understand there will be an Emergency First Aid Station on location. In the event of an illness or accident to my child, I do hereby give my consent to the staff to administer any medical treatment deemed necessary by licensed Physicians, Dentists or Emergency Medical Personnel serving during this event.

Name of Parent or Legal Guardian

Relationship _____

Home Phone # _____ Business Phone # _____

Other Phone # _____

Doctor Name _____ Doctor Phone # _____

Medical History: Good Health? _____

Allergies? _____

Any Physical Impairments (Heart, Epilepsy, Hearing, Vision, Asthma, Diabetes, etc.)? _____

Specify any medication that must be administered. Any special instructions? (Use other side if necessary).

Date of last Tetanus Shot: _____

Name of Insurance Company: _____

Insurance ID and Group Number: _____

Signature of Parent or Legal Guardian

Date

Witnessed by

Date