



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

Minnesota District Royal Ranger
**2012 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)



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