

## 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 \_\_\_\_\_

Pastor \_\_\_\_\_ 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 church, or Staff, or Michigan District Council, Inc of the Assemblies of God, responsible for accidents. I understand that 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: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date