

Michigan District Royal Rangers

ADULT Registration Form and Medical Information

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:
Name	Phone	Age
Address	State	Zip
City	State	Zip
Church	State	Zip
Church Address	State	Zip
City	State	Zip
Name of Commander Responsible		
Pastor		Outpost #

Medical and Emergency Information

Contact Name for Emergency

Relationship

Home Phone # Business Phone #

Other Phone #

Doctor Name Doctor Phone #

Medical History: Good Health?

Allergies?

Any Physical Impairment(s) (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:

Pastor's Certification

Signature

Pastor's Signature

Pastoral position at church

Date

Use the back of this sheet to give any special instructions or important information