

EVENT ATTENDEE INFORMATION FORM

ROYAL RANGERS

Southern Pacific District



CHURCH NAME: _____ OUTPOST #: _____
 OUTPOST LEADER: _____ LEADER PHONE: _____
 ATTENDEE NAME: _____ BIRTH DATE: _____ GRADE: _____
 ADDRESS: _____ CITY, ST ZIP: _____

MEDICAL HEALTH HISTORY

Please complete a copy of this form for everyone attending the event. Have 3 copies ready. One copy shall be with the Attendee, Outpost/Church Leader, and another copy if the event Coordinator is requesting a copy.

Father Name: _____ Father's Phone: _____
 Mother Name: _____ Mother's Phone: _____
 Emergency Contact 1: _____ EC Phone 1: _____
 Emergency Contact 2: _____ EC Phone 2: _____

HEALTH HISTORY | Check either Yes or No. If Yes is checked please explain under "Remarks/Comments:" below.

YES	NO	Allergies	YES	NO	Lung Problem	YES	NO	Sleepwalker
YES	NO	Sinuses	YES	NO	Diabetes	YES	NO	Nervous
YES	NO	Asthma	YES	NO	Heart Trouble	YES	NO	Upsets Easily
YES	NO	Fainting	YES	NO	Bronchitis	YES	NO	Nose Bleeds
YES	NO	Epilepsy	YES	NO	Fear of Heights	YES	NO	Depression
YES	NO	Shortness of Breath	YES	NO	High Blood Pressure	YES	NO	Appendix Removed

Please explain below or give a short description:

Any Reaction to drugs or medicine of any type?	YES	NO	_____
Any Food, Plant, Insect, or Animal Allergies?	YES	NO	_____
Any disorder preventing strenuous activity?	YES	NO	_____
Recently exposed to infections?	YES	NO	_____
Covid-19 in the last month	YES	NO	_____
Hepatitis in the last 6 months	YES	NO	_____
Taking any prescription medicine?	YES	NO	_____
Any medical procedures or surgeries within the previous 2 years?	YES	NO	_____
Is there a Special Diet Required?	YES	NO	_____
Currently up to date with the Tetanus Shot?	YES	NO	Last Tetanus Shot Date: _____

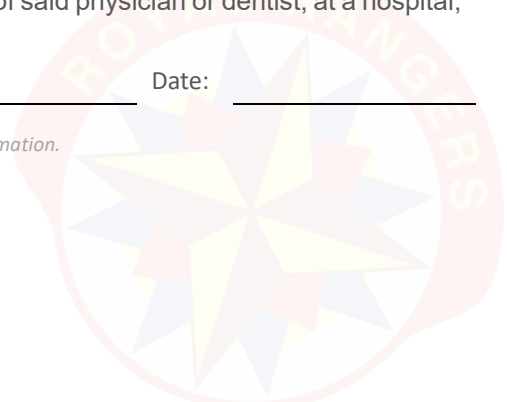
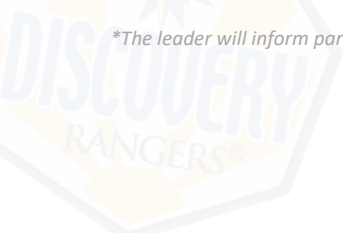
Doctor's Name: _____ Phone: _____
 Insurance Company: _____ Phone: _____
 Policy Number: _____ Subscriber's Name: _____
 Remarks/Comments: _____

The undersigned do hereby authorize and give authority to a designated adult to arrange for medical care for a minor in the event of an emergency. This is extremely important, in that, medical care cannot be provided to a minor without approval by the parents or legal guardians, unless there is written consent authorizing an agent to give approval.

The undersigned consent to any X-Ray, anesthetic, medical, dental, surgical diagnosis, treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

Print Name: _____ Signature: _____ Date: _____

**The leader will inform parents and/or emergency contact listed above as soon as possible to give detail information.*



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PERSONAL INFORMATION AND ACTIVITY PERMISSIONS

Attendee Name: _____

PHOTOGRAPH & VIDEO RELEASE FORM

All attendees hereby authorize and give authority to grant Southern Pacific District - Royal Rangers (SPDRR) permission to the rights of the images, sound of my voice as recorded on audio, or video tape without payment or any other consideration. The image may be edited, copied, exhibited, published, or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. SPDRR may use such images of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content. There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

RELEASE OF LIABILITY

Release of liability to hold Southern Pacific District - Royal Rangers (SPDRR) and Leaders legally responsible for current or future injuries, losses, and damages before, during, and after our events. I understand that participation in these events or activities could include actions or tasks which might be hazardous. By signing below, I assume any risk of harm or injury which might occur to the participant due to his participation in the event or activity. I release Southern Pacific District Royal Rangers and Staff Leaders from all liability, costs, and damages which may arise from participation. I agree that the minor has my consent to participate in the event or activity. I further provide my consent for SPDRR to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to the minor's emergency treatments.

Parent name and signature needed if the attendee is a minor:

Parent Name: _____ Signature: _____ Date: _____

Adult name and signature needed if the attendee is an adult:

Adult Name: _____ Signature: _____ Date: _____

