Appendix B — Medical Record and Release Form

Applicant's Full Name

In case of emergency please notify:

LAST NAME *(please print)* FIRST NAME

DAYTIME CONTACT PHONE NUMBER

EVENING CONTACT PHONE NUMBER

Insurance Information

HEALTH INSURANCE COMPANY'S NAME

POLICY NUMBER

CERTIFICATE NUMBER

EFFECTIVE DATE OF COVERAGE

HEALTH INSURANCE COMPANY'S PHONE NUMBER

Health History

A complete health history must be completed by each applicant (over age 18) or by a parent/guardian if the applicant is a minor (under age 18) for participation at the National Camporama 2012. Minors must also have a parent or guardian's signature verifying the health history information.

The national Royal Rangers office has the prerogative to accept or reject any person based upon his medical health.

Has the applicant experienced the following? Check either "Yes" or "No." If "Yes" explain under "Remarks and medical facts ."

SINUS CONDITION	❍YES ❍NO
EAR PROBLEM	❍YES ❍NO
LUNG PROBLEM	❍YES ❍NO
HEART TROUBLE	❍YES ❍NO
HIGH BLOOD PRESSURE	❍YES ❍NO
ALLERGY-ASTHMA	❍YES ❍NO
FAINTING / DIZZY SPELLS	❍YES ❍NO
DIABETES	❍YES ❍NO
APPENDIX REMOVED	❍YES ❍NO
SHORTNESS OF BREATH	❍YES ❍NO
SKIN INFECTION	❍YES ❍NO
HEARING DIFFICULTY	❍YES ❍NO
BAD EYESIGHT	❍YES ❍NO
WEAR CONTACT LENSES?	❍YES ❍NO
MEDICAL CARE IN PAST YEAR?	❍YES ❍NO
SURGERY WITHIN PAST YEAR?	❍YES ❍NO
SPECIAL DIET REQUIRED?	❍YES ❍NO
EXPOSED TO INFECTIOUS: DISEASE IN PAST 3 WEEKS	❍YES ❍NO
HEPATITIS PAST 6 MONTHS	❍YES ❍NO
ANY DISORDER PREVENTING STRENUOUS ACTIVITY?	❍YES ❍NO
TAKING PRESCRIPTION MEDICINE?	❍YES ❍NO
ANY REACTION TO DRUGS OR MEDICINE OF ANY TYPE?	❍YES ❍NO

Food or drug allergies:

I am currently taking the following medications:

Remarks and medical facts:

Special dietary needs:

Additional remarks:

Give latest date of inoculation or vaccination against following:

Tetanus ____ / ____ / ____ Small Pox ____ / ____ / ____

Measles ____ / ____ / ____ Typhoid ____ / ____ / ____

Diphtheria ____ / ____ / ____ Polio ____ / ____ / ____

BIRTH DATE	HEIGHT	WEIGHT
_____ / _____ / _____		

PARENT / GUARDIAN'S NAME **(Please Print)**

PARENT / GUARDIAN'S ADDRESS

CITY STATE ZIP

(_____) _____

PARENT / GUARDIAN'S AREA CODE AND PHONE NUMBER

Required Release Signatures

Parent/Legal Guardian Consent: The signature of a parent or legal guardian is required for a minor to attend and participate in the activities at the 2012 National Camporama at Eagle Rock, MO, July 9 - 13, 2012. The parent's or legal guardian's signature below also gives permission to administer medical attention to the minor in the event of a medical emergency.

The food service at Camporama will not be able to meet specific dietary needs (allergies, vegetarian, etc.). If you have specific dietary needs, you must plan on meeting this need on your own. Peanuts and peanut oil will not be used in any prepared meals served at Camporama. Some food products however, may be produced in a factory where nuts and peanuts are used and therefore contamination of these products may occur.

I understand that participation in National Camporama activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent to my child to attend and participate in all National Camporama activities, including but not limited to challenge courses, zip lines, inflatables, swimming, 5K race, target sports, and speedball. A complete list of activities may be found at www.nationalcamporama.com.

I verify that my child is age 9 or older on or before July 9, 2012. I also understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the General Council of the Assemblies of God, national Royal Rangers office, all employees, the activity coordinators, volunteers, and related parties, or other organizations associated with the activity from any and all claims of liability arising out of this participation. In case of emergency involving my child, I authorize the use of emergency medical care at the discretion of the adult event leadership. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded at this event for future promotional use and hereby consent to the use of such items containing images of my child in any form and relinquish all rights of ownership or compensation. It is further understood that acceptance of these terms is a condition of my child's participation in this event.

PRINT COMPLETE NAME OF MINOR

✗ PARENT/LEGAL GUARDIAN SIGNATURE DATE

Adult (18+) Pastor's Certification for Church Worker: I am personally acquainted with the adult applicant, and in my opinion he is a competent and qualified youth worker. I know of no facts or allegations that raise any questions concerning his suitability for working with minors in any Royal Rangers activity. The church has on file the applicant's youth workers screening form. **Adult leaders are considered 18 years of age or older.**

✗ PASTOR'S SIGNATURE DATE

Adult Applicant's Signature: My signature acknowledges that I have truthfully abided by the requirements as stated on this Application form. My signature verifies I am age 18 or older by July 13, 2012, and that I have received my pastor's signature as stated on this Application form. My signature also indicates my permission for emergency medical treatment should the need arise while at Camporama or while traveling to or from the Camporama site.

✗ APPLICANT'S SIGNATURE DATE