



Summer POW WOW

Registration Fees

Chartered Outposts \$ 45.00

Non-Chartered Outposts \$ 50.00

Pastors as Guests **No Charge**

Please Note: There will be NO events organized for RK's. Ranger Kids are welcome to visit as guests as long as they are accompanied by a parent or guardian.



NORTHERN NEW ENGLAND DISTRICT COUNCIL ASSEMBLIES OF GOD



ACTIVITY SUPERVISORY CERTIFICATION FORM

EMERGENCY MEDICAL FORM / PERMISSION SLIP / BOY

POW WOW 2017 August 25, 26, and 27

OP #

Name: _____

Birth Date: ___/___/___ Age: _____ Grade: _____

Address: _____

City/Town: _____ State: _____ ZIP _____

Both Parents Names: _____

Doctor: _____ Phone: _____

Health Insurance Company/Policy #: _____

HEALTH HISTORY

HAS HE HAD THE FOLLOWING:

- An attack of appendicitis Yes No
- Severe Allergies Yes No
- Asthma or hay fever Yes No
- Diabetes and/or Insulin Yes No
- Hernia (rupture) Yes No
- Rheumatic fever Yes No
- Scarlet fever Yes No

IS HE SUBJECT TO:

- | | | |
|-----------------------------|------------------------------|-----------------------------|
| Sinus trouble | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Fainting spells | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Ear trouble | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Convulsions | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Sugar reaction | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Nervousness or easily upset | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Reaction to penicillin | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Poison ivy, oak or sumac | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

IS HE/SHE UNDER MEDICAL CARE WITH MEDICATION

- Reaction to bee stings Yes No
- Significant disease, injury/operation: Yes No
- Is his activity restricted medically Yes No

Other Necessary Medical Information

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event: _____ becomes ill or sustains injury while in the care of or under the supervision of activity leaders, they are given permission to administer first aid for his relief. Consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and or surgeon called, or to whom our son is taken for treatment by them to administer such treatment, drugs and medicines, and to perform such medical/surgical procedures as he shall deem the existing emergency requires for relief of pain and to preserve his life and health. I hereby agree to reimburse any and all persons and/or facilities for any expenses incurred in the care of my son, should medical treatment be necessary.

I also give my son permission to go to the **NNE DISTRICT POW WOW Camping Trip in Belgrade, Maine on August 25, 26, and 27, 2017.**

Date: _____ Signature: _____
Parent/Guardian

Phone number where you may be reached in case of emergency during the above dates:

(_____) _____



EMERGENCY MEDICAL FORM / ADULT

POW WOW 2017 August 25, 26, and 27,

OP #

Name: _____

Birth Date: ____/____/____ Age: _____

Address: _____

City/Town: _____ State: _____ ZIP _____

Name of closest relative: _____ Relationship _____

Doctor: _____ Phone: _____

Health Insurance Company/Policy #: _____

HEALTH HISTORY

HAS HE/SHE HAD THE FOLLOWING:

- An attack of appendicitis Yes No
- Severe Allergies Yes No
- Asthma or hay fever Yes No
- Diabetes and/or Insulin Yes No
- Hernia (rupture) Yes No
- Rheumatic fever Yes No
- Scarlet fever Yes No

IS HE/SHE SUBJECT TO:

- | | | | | |
|-----------------------------|-----|--------------------------|----|--------------------------|
| Sinus trouble | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Fainting spells | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Ear trouble | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Convulsions | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Sugar reaction | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Nervousness or easily upset | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Reaction to penicillin | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Poison ivy, oak or sumac | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

IS HE/SHE UNDER MEDICAL CARE WITH MEDICATION

- Reaction to bee stings Yes No
- Significant disease, injury/operation: Yes No
- Is his/her activity restricted medically Yes No

Other Necessary Medical Information

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event: _____ becomes ill or sustains injury while in the care of or under the supervision of activity leaders, they are given permission to administer first aid for his/her relief. Consent is hereby given to admit him/her to any hospital; consent is also given to any licensed physician and or surgeon called, or to whom he/she is taken for treatment by them, to administer such treatment, drugs and medicines, and to perform such medical/surgical procedures as they shall deem the existing emergency requires for relief of pain and to preserve his/her life and health. I hereby agree to reimburse any and all persons and/or facilities for any expenses incurred, should medical treatment be necessary.

Date: _____ Signature: _____

Phone number where closest relative may be reached in case of emergency:
(_____) _____



Required for all Royal Rangers under 18 years of age participating in Water Tubing at Pow Wow 2017

Name of Royal Ranger:

Age: _____ **Outpost #** _____ **Commander:** _____

Name of Parent or Legal Guardian (Print)

I hereby give permission for my son to participate in the “Water Tubing” at Pow Wow, August 25, 26, and 27, 2017.

I hereby attest that I am personally allowing my son to participate in Water Tubing, and assume sole responsibility for any personal injury. I will not hold the Northern New England District Royal Ranger ministry or any of its leader’s responsible. In the event of personal injury, I understand the Royal Ranger leader in charge will comply with all reporting requirements required by Maine Laws.

The leader in charge will exercise all precautions in this event. This event is for the boys to have fun and not to get injured. Safety is of utmost importance and the safety of you boy is our main concern.

Signature of parent or legal guardian

Date

Telephone Number: _____