

Permission and Medical Release Form
for Boys

_____ (Boy's name) is the correct age (**11yrs and older for FCF events and Discovery or higher for District Royal Ranger Events**) and has my permission to participate in all activities at the Event.

YES _____ **NO** _____

If no, please inform his commander *in writing* as to which events he shall not be apart of.

If emergency service involving medical action or treatment is required and neither the parent nor family physician can be contacted for consent, I hereby consent to the rendering of emergency medical treatment deemed appropriate in the opinion of the doctor rendering such services.

Name of Parent or Legal Guardian _____

Signature _____ Date _____

Day Phone _____ Night Phone _____

Family Physician's Name _____ Phone _____

In Case of Emergency Notify: Alternate Contact - Must be different from above.

Name _____

Address _____ City _____

Day Phone _____ Night Phone _____

The following insurance information is not required but may be helpful.
Your Health and/or Accident Insurance Company

Name of Company: _____

Policy # _____

This form must be completed and turned in according to the Registration Form. It will be returned to the outpost leaders when you depart the event.

Each boy must be 11 years or older for FCF Events and Discovery Ranger or higher for Kentucky District Royal Rangers Events and have this form completed to attend.