



Medical Treatment Permission Form

I give my son, _____ permission to

Attend the District _____ on _____

Parent/Guardian Date

_____ Name
_____ Address/City/St
Phone _____

AUTHORIZATION FOR MEDICAL TREATMENT

In the event my son is injured or requires medical treatment while in the care or supervision of the Royal Rangers, or any of its officers or leaders, I thereby grant my permission to administer first aid for his relief. If it is not practical to return him to us or to receive our instruction for his care, consent is hereby given to admit him to any hospital; consent is also given to any licensed physician and/or medical specialist to administer necessary medical treatment.

Authorization is also given for such other measures or procedures as may be required. I hereby agree to reimburse Royal Rangers for any expenses incurred in the care of my son should any medical treatment be necessary.

Parent/Guardian Signature Date