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Royal Rangers ~ Camp of Greater Accra West Region CampoGAW Medical Treatment Authorization



Name of Ranger: _____

My son/daughter has permission to participate in any sanctioned activity of (name of church, city and address) _____, provided he is supervised by authorized Royal Rangers leaders. Such activities may include field trips, hikes, campouts, canoe outings, swimming, repelling, etc. and any other normal Royal Rangers event.

I understand that all the necessary precautions have been and will continue to be taken for the safety of my son/daughter and that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the calling of a doctor and/or emergency squad and the provision of medical services in the event of such emergency.

I understand that this form is effective continuously from the time of signing, but may be changed or revoked at any time by notifying the Senior Commander and/or Pastor. I agree to notify the Senior Commander in the event of any health changes that would restrict my son/daughter's participation in any of the normal activities of the group. I also understand that the leader-in-charge of any outing reserves the right to restrict any person from any activity that he feels is beyond the physical capabilities of that person. This may include boys/girls and adults.

Signature Print name clearly Phone Date

Address of signatory: _____

Witness #1 (Must witness signing)

Witness #2 (Must witness signing)

Address: _____

Address: _____