

## Challengers - Activity Permission and Medical Release Form

As a Challenger, I will do my best to follow the directions and leadership of my Challengers Leaders and work together with the other young men during this activity.

\_\_\_\_\_ Date \_\_\_\_\_  
(Challenger's Signature)

I hereby give my permission for (boy's name) \_\_\_\_\_ to accompany  
Leader \_\_\_\_\_ (leader's name) and participate in the following activity  
\_\_\_\_\_ at (place) \_\_\_\_\_ on (date) \_\_\_\_\_.

**List any health concerns the boy may have:** (*allergies, diabetes, heart problems, etc.*)

\_\_\_\_\_  
\_\_\_\_\_

**List any medications the boy is currently taking:** \_\_\_\_\_

\_\_\_\_\_

**Please list the information for primary care physicians:**

Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Insurance Information:**

Insurance company or plan \_\_\_\_\_

Policy number \_\_\_\_\_

**In Case of Emergency, please contact:**

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell

**In the event of an accident or unexpected illness, the attending physician or hospital has my permission to administer medical care to my son as they see necessary.**

Parent or Guardian printed name: \_\_\_\_\_

Parent or Guardian signature \_\_\_\_\_

Address \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Cell