



FCF Fall Trace 2009



FCF Members

Who: All FCF Members
What: FCF Fall Trace
When: September 18th- 20th 2009.
Where: Boss, Missouri
How: Get yer Young Bucks, get your Ole Timers and then get your stuff and get yer gold and come fellership with usin's.



Registration is only \$10.00 per person.
(this covers the registration fee and food for Friday Night and Sunday Lunch at Boss Church)

This year we have a host of skillful activities for you and your boys to enjoy.

Featuring:

The Daniel Boone Chapter Business

Meeting

Missions Offering

Buckskin Ceremony

Scout Elections

Lot's of Fronteirsman activites.

For more information contact: Ted King

Hope to see you and your Outpost there.
(A sign should be in place.) We will have drinking water there.

The boys will be challenged by hands on skill testing. Plus they will be able to knock off a few merit requirements.

WOOD WOOD WOOD!!!!

We have lots of wood at the campsite left over from the storm. Some may need to be cut all will need to be split, bring a saw and a maul.

Here is directions to the campsite. Once you get to Boss go east aprox 1/8 mile, make a right onto AC Hwy, go 3.2 miles to campsite.

Choctaw

573-689-2294 or 573-247-0802

Bring your own Fire Ring. No Holes can be dug for firepits.

"There may be pictures taken at this activity and may be used on the Royal Ranger web site or in a news publication."



Royal Rangers



FCF Fall Trace Permission Slip

My son _____, may attend the FCF Fall Trace Campout and if he is black powder certified he has my permission to carry, load and shoot a black powder rifle and participate in other frontier activities which includes Knife and Hawk contests at this event.

I will have my son at _____ at _____ on _____, 2009. I will have a medical release form signed and his personal equipment packed.

PLEASE INCLUDE _____ to cover food, gas and registration.

The outing will be close to Boss Missouri.

The Outpost will return _____ at _____ p.m. I will pickup my son at _____ at that time.

I understand that I must have this permission slip and the "Medical Release Form" signed plus the required monies in Commander, _____ possession by _____, before my son will be allowed to attend this outing

I will see to it that my son has all the required personal equipment he needs for this outing.

Parents Signature: _____

Date: _____

Phone Number in case of early or late arrival: _____

For more information contact: _____

**SOUTHERN MISSOURI DISTRICT ROYAL RANGERS
EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION FORM**

Ranger's Name _____ Date of Birth _____
Mailing Address _____ City _____ Zip _____
Phone _____ Soc. Sec. # _____ Age _____ E-mail _____
Father's Name _____ Time of Day/Night you Work _____
Place of Employment _____ Work Phone _____
Mother's Name _____ Time of Day/night you Work _____
Place of Employment _____ Work Phone _____
Family Doctor _____ Office Phone _____
Insurance Company _____ Policy # _____
Address _____ Phone _____

PERSONS (OTHER THAN PARENTS) TO CONTACT IN CASE OF AN EMERGENCY:

_____ Phone _____
_____ Phone _____

MEDICAL QUESTIONNAIRE

Please answer all of the following questions. EXPLAIN any "YES" answers.

1. Is your son being treated for any injury or illness? ___ YES ___ NO
 2. Is your son taking any medication? If so, What? & When? ___ YES ___ NO
 3. Does your son have asthma? ___ YES ___ NO
 4. Is your son allergic to any form of medication? ___ YES ___ NO
 5. Does your son have hay fever? ___ YES ___ NO
 6. Does your son have any known allergies? ___ YES ___ NO
 7. Has your son had his tonsils removed? ___ YES ___ NO
 8. Has your son had his appendix removed? ___ YES ___ NO
 9. Has your son had any other operations? ___ YES ___ NO
 10. Is there any family history of any disease? ___ YES ___ NO
 11. Does your son require a special diet? ___ YES ___ NO
 12. Does your son have any chronic medical problems?
(i.e. cardiac, respiratory, kidney, seizure or other) ___ YES ___ NO
 13. Has your son had any "childhood diseases"?
(i.e. measles, mumps, chicken pox, etc.) ___ YES ___ NO
 14. Does your son sleepwalk? ___ YES ___ NO
 15. Is your son hyperactive? (If so, is he on medication?) ___ YES ___ NO
 16. Are there any medical considerations not mentioned? ___ YES ___ NO
- (over)
17. What is the date of your son's last physical exam? _____
18. What is the date of your son's last tetanus shot? _____

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE EXPLAIN.

PLEASE LIST ALL MEDICATIONS BEING TAKEN BY YOUR SON AT THIS TIME.

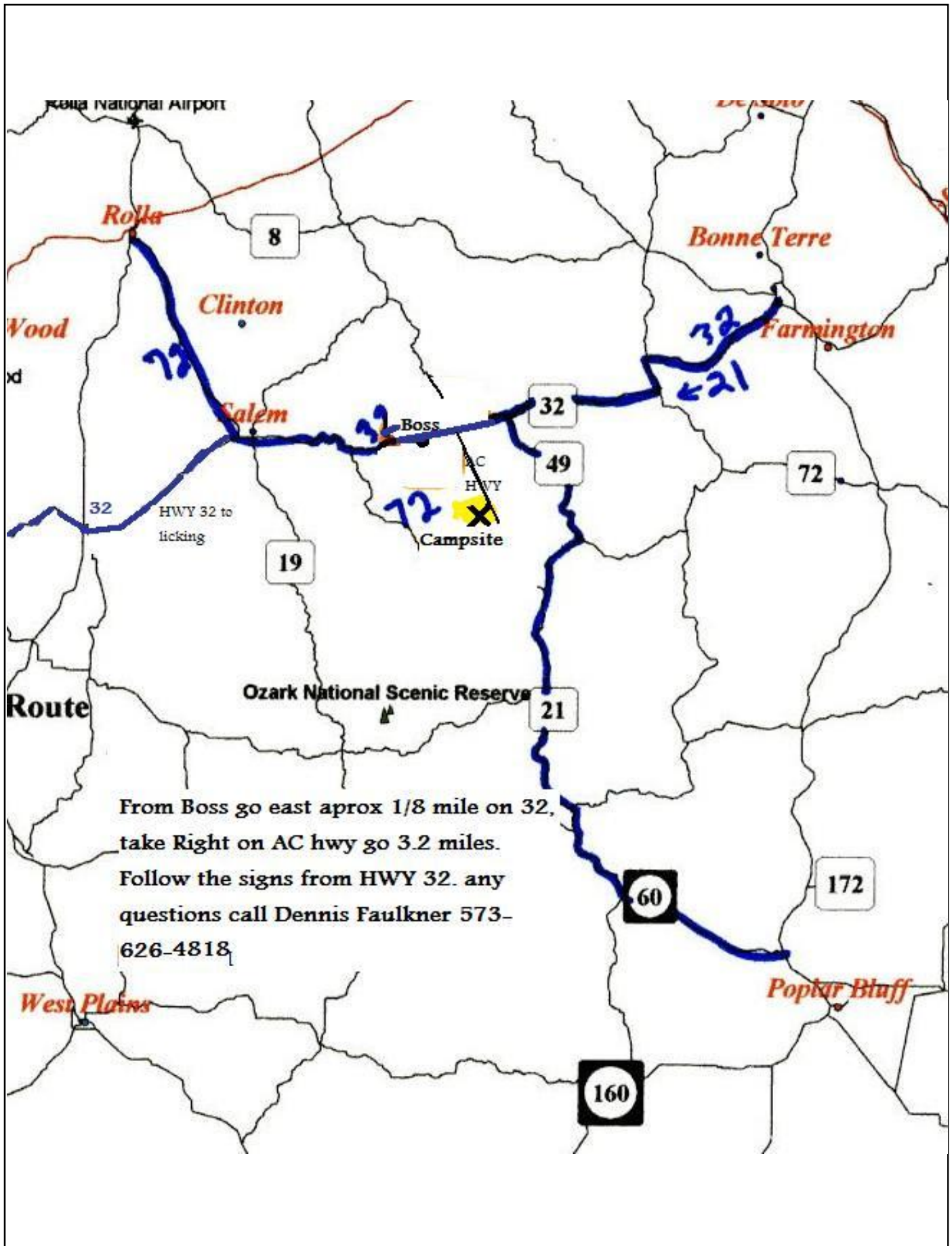
NAME OF MEDICATION DOSAGE WHAT TIME(S)? REASON FOR MED

AUTHORIZATIONS

My son has permission to participate in any sanctioned event of the Southern Missouri District Royal Rangers provided he is supervised by authorized Royal Ranger leaders who are approved by the Southern Missouri District Royal Rangers. I understand that I will be contacted as soon as possible in the event of an emergency (accident, injury, or illness). I authorize the Commander-in-charge (or designate) to give consent for treatment of my son by a licensed medical personnel in the event of such an emergency. I also understand that the Commander-in-charge of any activity has the responsibility and right to restrict any party from any activity which he feels is beyond the physical capabilities of that party.

I understand that my personal insurance will be the primary insurance policy to be billed in the event of any medical treatment or evaluation and that the local church will be billed as the secondary insurance policy with the Southern Missouri District being the third insurance carrier. I will not hold the Southern Missouri District Royal Rangers, the National Royal Rangers Organization, any authorized Royal Ranger leader, or any medical personnel financially responsible for any accident, injury, or illness when reasonable precautions have been taken for my son's safety.

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN DATE



From Boss go east aprox 1/8 mile on 32,
take Right on AC hwy go 3.2 miles.
Follow the signs from HWY 32. any
questions call Dennis Faulkner 573-
626-4818