

MEDICAL AUTHORIZATION & RELEASE FORM

(Required for ALL members under the age of 18.)

Organization: _____ Date: _____

Junior Member Name: _____ DOB: _____

I/We, the undersigned parent(s) and/or guardian(s) of _____, a minor, do hereby grant
(Junior Member)
permission to the responsible adults supervising the organization/reenactment event, to any hospital, to any
physician, or to any other organization providing medical treatment to _____, during
(Junior Member)
said reenactment in the event that we are not readily available to give our permission for such treatment as
needed. I/We agree to hold any responsible adult who gives permission harmless and to release that individual
from any liability in connection with granting such permission for treatment and furthermore, we do hereby
release, acquit, discharge, and covenant to hold harmless, _____ its agents and
(Organization)
members, from any and all actions, claims, demands, damages, costs, loss of services, expenses, and
compensation, on account of, or in any way growing out of the granting permission for any emergency medical
care for my/our child, _____ during his/her participation in the above described
(Junior Member)
event.

I/We also specifically inform the _____, and the responsible adults
(Organization)
supervising the Organization that my/our child _____ has the following
(Junior Member)
special medical needs, including any allergies or other special medical needs: _____
_____.

In connection with these specific needs, we shall furnish to the responsible adults supervising the organization any
necessary information, in writing, from our child's personal physician regarding any special medical needs of
conditions that our child may have together with instructions for appropriately dealing with such needs or
conditions.

I/We acknowledge that I/we have carefully read the foregoing medical authorization and know the contents apply
to all reenactments/events that my/our child participates in and that I/we sign this or the same as my/our own
free will.

Parent/Guardian signature

Date

Health Insurance Company and Policy Number

Parent(s)/Guardian(s) Contact Name(s): _____

Phone #'s: _____

In case of an accident and parent(s)/guardian(s) are unable to be contacted, please attempt to contact:

Name: _____, Phone # _____, Relationship: _____