

# 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: \_\_\_\_\_