

Make two fully-signed copies of this form. Bring both copies to the event.

PERMISSION FORM AND

DESIGNATION OF SUPERVISORY GUIDANCE & MEDICAL DIRECTIVE

Full Name of Minor Child: _____

Age of Minor Child: _____

Full Name of Parent or Guardian: _____

I grant permission for the minor named above to be camping and participating with the 69th New York in Civil War Re-enacting.

This permission is granted for the event held at or near:

Location: _____

From _____ to _____
Set-up date Tear-down date

For the event identified above, supervisory guidance and full medical directive is granted to _____ for the duration of the event. This person may make any emergency medical decisions that might be required, if parents or guardians cannot be reached.

Full Name of Parent or Guardian: _____
(Print Clearly)

Phone Number of Parent of Guardian: _____

E-mail Address of Parent or Guardian: _____

Signature of Parent or Guardian: _____

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