

PARENTAL CONSENT & MEDICAL AUTHORIZATION

TO WHOM IT MAY CONCERN:

I(WE) _____,
PARENT(S) of _____ do recognize the risks involved in re-enacting and do hereby give my(our) teenager permission to participate. We also do appoint Phil Smanski, Elaine Masciale, John Masciale and/or other adult committee members of Boy Scout Venture Crew 862, to act in MY(OUR:) stead in seeking medical treatment for _____ while in transit to/from or during the scheduled historical re-enactments for the year 2004. I (We) further do appoint the adult leadership cadre of Venture Crew 862 to act as temporary guardians to our son at these re-enacting events.

MY (OUR) insurance carrier is

MY (OUR) plan name or code is

MY(OUR) membership number is

MY(OUR) doctor's name is

He can be reached at (____) _____

MY(OUR) dentist's name is

He can be reached at (____) _____

My(Our) emergency phone number(s)

ALLERGIES or MEDICATION SENSITIVITIES or OTHER CONCERNS:

Signed

Dated

TYPE of RE-ENACTING ARM(s) _____
MANUFACTURER _____

SERIAL NUMBER or OTHER TYPE of IDENTIFICATION

