

Valley Division (AKA: Army of the Valley) Medical Release & Authorization Form

(Required for ALL members under the age of 18)

I/We, the undersigned parent(s) and/or guardian(s) of _____, a minor, do hereby grant permission to emergency medical personnel, any hospital, to any physician, or to any other organization providing medical treatment to _____, during any reenactment, event, or living history that we are not readily available to grant 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 the Valley Division, Army of Northern Virginia, its agents, officers, and 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 of permission for any emergency medical care for my/our child, _____ during his/her participation in the above described events. I/we also specifically inform the Valley Division and the responsible adults supervising the Organization that my/our child _____ has the following special medical needs, including allergies or any other special medical needs: _____

In connection with these specific needs, we shall furnish to the responsible adult(s) supervising the organization any necessary information in writing, from our child's personal physician regarding any special medical needs or 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/living histories that my/our child participates in and that I/we sign this or the same of my/our own

free will. (Parent(s)/Guardian) _____ Date: _____

Phone Numbers: _____ Cell Numbers: _____

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

Please attempt to Contact: _____ Phone# _____ Relationship _____

Health Insurance Company: _____ Policy Number: _____

Parent(s) or Guardian(s) Name(s) and Address: _____

