

**28<sup>th</sup> Massachusetts, Company B**  
**Authorization and Consent for Minor's Medical Treatment**

I/we, the undersigned custodial parent(s) or legal guardian of \_\_\_\_\_  
(DOB \_\_\_\_\_) (hereafter "Minor Child"), does hereby grant my authorization and consent  
for \_\_\_\_\_, or the commanding officer of The 28<sup>th</sup> Massachusetts, Company B<sup>1</sup>  
(hereafter "The 28<sup>th</sup> Mass"), or his designee at an event (hereafter "Supervising Adult"), to authorize or  
administer general first aid treatment for any minor injuries or illnesses experienced by the Minor Child  
while he/she participates in living history and military history events as a member of the The 28<sup>th</sup> Mass.

If the injury or illness is life threatening or in need of emergency treatment, I authorize the Supervising  
Adult to summon any and all professional emergency personnel to attend, transport, and treat the Minor  
Child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical  
diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general  
supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or  
institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to  
provide authority and power on the part of the Supervising Adult in the exercise of his or her best  
judgment upon the advice of any such medical or emergency personnel. This declaration does not affect  
the rights of the Minor Child's parents or legal guardian regarding the care, custody, and control of the  
Minor Child, nor does not mean that the Supervising Adult has legal custody of the Minor Child.

Relevant medical information for the Minor Child is provided below:

Medical Insurer/Health Plan: \_\_\_\_\_  
Group & Individual Policy #: \_\_\_\_\_  
Dentist's Insurer/Health Plan: \_\_\_\_\_  
Group & Individual Policy #: \_\_\_\_\_  
Allergies, if any (including medications): \_\_\_\_\_

\_\_\_\_\_  
If applicable, any conditions for which the Minor Child is currently receiving treatment:

\_\_\_\_\_  
Note any other significant medical information:

\_\_\_\_\_  
Alternate contact if the Parent(s)/Legal Guardian(s) cannot be reached:

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home and Cell Phones: \_\_\_\_\_

This authorization is effective commencing on \_\_\_\_\_, 20\_\_\_\_ and expiring on  
\_\_\_\_\_, 20\_\_\_\_\_.

Signed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Parent/Legal Guardian Name (Print)

\_\_\_\_\_  
Home and Cell Phones

\_\_\_\_\_  
<sup>1</sup> The 28<sup>th</sup> Massachusetts, Company B, is a volunteer organization dedicated to the purpose of presenting Civil War  
era (1861 through 1865) living history and military history programs.