

AUTHORIZATION FOR TEMPORARY CHILD CARE

This form must be printed and completed in ink.

I (we) the parents(s), _____ and (or) _____

Father Mother

Residing at _____

Street Address, City, St. Zip Code *Area Code Phone No.* _____

Testify I (we) are the legal guardian(s) of the child listed below, a minor under the age of majority.

_____, _____, _____, _____

Name Address City St. Zip Code

DO HEREBY GRANT:

_____, _____, _____, _____

Name Address City St. Zip Code

A member of _____, located in _____,

Organization or Reenactment Unit City State

The authority to take temporary care of _____, to take effect

Name of Child Listed Above

Beginning at _____ o'clock on _____, and ending at _____ o'clock on _____.

Time (AM/PM) Date Time (AM/PM) Date

The named child's pertinent medical history includes the following:

_____/_____/_____ _____

Date of Birth Allergies and (or) Known Medical Conditions All Medications Currently or Recently Taken

Name of Physician Physicians Phone Number Health Insurance Carrier

THE ABOVE NAMED CARETAKER(S) SHALL HAVE THE FOLLOWING AUTHORITY:

- 1. The power to authorize medical treatment or medical procedures in an emergency situation.**
- 2. The power to make appropriate decisions regarding clothing, bodily nourishment, and shelter.**
- 3. The power to make appropriate decisions about participation of the child in any aspect of the reenactment event.**

I (we), the legal guardians state the named child is physically and medically fit to participate in a WBTS re-enactment. Furthermore, I (we) agree to release the custodian, the named organization and the sponsors of the reenactment event of any and all liability for any injuries sustained by the named minor child, We also agree to pay any and all associated costs for medical treatment, including ambulance or transportation fees, doctor bills, hospital or emergency treatment facility fees and related medical needs expenses incurred by the child while under the care of the custodian.

I (we) agree to the content of, and will abide by the terms and conditions of this temporary assignation of custody.

(Signatures):

Father Date Mother Date Temporary Custodian Date

Appeared before me, _____ a notary public for the state of _____,

I affix my hand and seal on this, the ____ day of _____, _____, my commission expires

_____.

_____ (SEAL)

NOTARY