



LIVING HISTORY
20 MOORE STREET
PROVIDENCE, RI 02907

LIVING HISTORY 14TH RHODE ISLAND HEAVY ARTILLERY REENACTORS PROGRAM
PARENT/GUARDIAN CONSENT FORM

I have read and understand the attached page entitled "Information for Students About the LIVING HISTORY 14TH RHODE ISLAND HEAVY ARTILLERY REENACTORS PROGRAM".

I understand and agree that my son/daughter/ward may participate in public programs at Fort Adams -11/7, Gettysburg, PA -11/20 - 21, Boston College - 12/4, Olustee, Florida - 2/11 - 14, National Association of Interpreters training course - Providence 2/16 - 19, March/April - Practice hikes on Saturdays - East Bay Bike Path, Providence to Bristol expedition - 5/3 -7, Gaspee Day Parade, Warwick - 6/19 and other locations.

I understand that my son/daughter/ward will be transported in private automobiles, rented vans and buses, on commercial airlines, and on public transportation to 14th Rhode Island events.

I understand that as part of the 14TH RHODE ISLAND PROGRAM my son/daughter/ward will learn to fire (**blank charges only**) and clean a replica Civil War rifle.

I understand that my son/daughter/ward will be under adult supervision at all times during the program.

I understand and agree that in case of medical emergency my son/daughter/ward will receive first aid on-site and if necessary will be transported to the nearest medical facility.

I understand and agree that my son/daughter/ward may be dismissed from the program with cause at any time at the discretion of the President of Living History.

I therefor give permission to my son/daughter/ward _____ to participate in the 14TH RHODE ISLAND PROGRAM. (name)

SIGNED _____ (PRINT NAME) _____

DATE _____ ADDRESS _____

HOME PHONE _____ WORK PHONE _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL/EMOTIONAL HEALTH FORM
14TH RHODE ISLAND PROGRAM

MY SON/DAUGHTER/WARD HAS NO MEDICAL OR EMOTIONAL
CONDITION THAT WOULD PREVENT HIM/HER FROM PARTICIPATING IN
THE 14TH RHODE ISLAND PROGRAM.

SIGNED _____

PRINT NAME _____

FATHER ____ MOTHER ____ LEGAL GUARDIAN ____

MY SON/DAUGHTER/WARD TAKES THE FOLLOWING PRESCRIBED
MEDICATION (PRINT CLEARLY).

1. _____

2. _____

3. _____

4. _____

5. _____

SIGNED _____

PRINT NAME _____

FATHER ____ MOTHER ____ LEGAL GUARDIAN ____