

**20th Maine Volunteer Infantry, Company G
American Civil War Association**

Minor Permission Form

I _____ give my permission for
(Parent's Name)

_____ to participate in the activities of the
(Minor's Name)

American Civil War Association. In my absence, I name 1st Lt. D. Thomas Starr of the 20th Maine Volunteer Infantry, Company G. as his temporary guardian. In the event of an emergency, I give my permission for him or for any other member of the American Civil War Association to authorize whatever medical care may be needed.

Parents Signature _____

Date _____

Home Phone _____ Work Phone _____

Cell Phone _____

Insurance Carrier _____

Policy Number _____

Additional Information that might be of help in an emergency. Allergies etc.

I _____, being a minor, do agree to abide by the Rules and Regulations of the American Civil War Association, observe all formalities of military courtesy and follow all orders of the Officers of the 20th Maine Volunteer Infantry, Company G. according to the rules and articles of war, while participating with the American Civil War Association.

Signed

Date