

**Fort Tejon Historical Association**  
**GUARDIAN ASSIGNMENT PROCEDURE**  
**Minor Participation Without Parents**

Revised September 2002

Page 1 of 2

This form is intended for one individual, each minor entered on the FTTHA [Family] Membership Application who may participate in FTTHA events without his/her parents must have his/her own completed guardian assignment.

The decision for parents to allow their minor children to participate in FTTHA activities without one or more parent on the field should be considered carefully. In addition to the normal hazards found in athletic activities, black powder firing adds another level of concern. The FTTHA recognizes the value of our program to young people, with that in mind we will allow minors ages 14 through 17 to participate in FTTHA activities, minors 13 years of age to participate in FTTHA activities only as a functioning musician, providing that the following requirements are met and agreed to by the minor's parents:

1. Maintain a current family membership in the FTTHA.
2. Minor must serve in the same unit and at the side of an adult at least 21 years of age with a current FTTHA membership who agrees to be the guardian for FTTHA events, who will be responsible for the conduct of the minor for the duration of the event, who will carry a "Authorization To Treat A Minor" release form, and who will be responsible for seeking any medical attention needed.
3. Complete and supply two (2) signed release form "Authorization To Treat A Minor," one to the FTTHA and one to the selected guardian. The release form enclosed with this application is supplied as a courtesy. There are no guarantees by the FTTHA that this form will be acceptable at all medical facilities, but it is a form that was supplied by Los Robles Regional Hospital in Thousand Oaks.
4. Obtain your Unit Commander's authorization. This does not imply acceptance for the conduct of the minor child or the responsibility for obtaining medical attention. The decision to accept a minor child's participation without a parent is solely at the discretion of the Unit Commander.
5. Provide an emergency contact phone number to the assigned guardian. All efforts to contact you will be made in the case of an emergency.
6. The FTTHA reserves the right to accept, deny, or cancel any underage member's participation based on:
  - A. Program or operational needs.
  - B. The minor's knowledge, maturity, behavior, or compliance with FTTHA rules.
  - C. The minor's demonstrated interest in the program.
  - D. The ability of the assigned guardian to ensure the minor's conformance to the rules and regulations of the FTTHA.

Complete page 2 of Guardian Assignment, complete and sign release forms; attach Guardian Assignment and one (1) release form to completed FTTHA membership application. Give one (1) signed release to Guardian.

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Page 2 of 2

**ASSIGNMENT**

I/We the parent(s) of (print) \_\_\_\_\_, birth date \_\_\_\_\_, assign as guardian, (print) \_\_\_\_\_, at all FTHA events. In case of a medical emergency he/she has the authority to make all necessary emergency medical decisions for my son/daughter until I can arrive on the site, and he/she has the responsibility for the discipline and control of my son/daughter while attending all of these events. I/We have completed and signed two (2) "Authorization To Treat A Minor" release forms, one attached to this application, one provided to the assigned guardian. I/We have read, understand and agree to the terms on page 1 of this document and the rules in Section 12 of the Civil War Program Rules and Regulations and the FTHA Board Directive of March 1998.

**Member/Parent Authorization:** Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Spouse/Parent Authorization:** Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Guardian Acceptance:** I, (print name) \_\_\_\_\_, agree to accept the guardianship and responsibility for the above said minor. I have read, understand and agree to the terms on page 1 of this document.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Unit Commander Approval:** I, (print name) \_\_\_\_\_, agree to allow the participation of the said minor as stated on page 1 of this document.

Unit (print) \_\_\_\_\_ Rank \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Authorization To Treat A Minor

PRINT LAST NAME  
I (WE) THE UNDERSIGNED PARENT(S) OR LEGAL GUARDIAN OF

(LIST ALL NAMES)

MINOR(S). DO HEREBY AUTHORIZE AND CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS RENDERED UNDER THE GENERAL OR SPECIAL SUPERVISION OF ANY MEMBER OF THE MEDICAL STAFF AND EMERGENCY ROOM STAFF LICENSES UNDER THE PROVISIONS OF THE MEDICINE PRACTICE ACT OR A DENTIST LICENSED UNDER THE PROVISIONS OF THE DENTAL PRACTICE ACT, AND ON THE STAFF OF ANY ACUTE GENERAL HOSPITAL HOLDING A CURRENT LICENSE TO OPERATE A HOSPITAL FROM THE STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH. IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC DIAGNOSIS, TREATMENT OR HOSPITAL CARE BEING REQUIRED BUT IS GIVEN TO PROVIDE AUTHORITY AND POWER TO RENDER CARE WHICH THE AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF HIS/HER BEST JUDGEMENT MAY DEEM ADVISABLE. IT IS UNDERSTOOD THAT EFFORT SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO RENDERING TREATMENT TO THE PATIENT, BUT THAT ANY OF THE ABOVE TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE REACHED. THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA.

LIST ANY RESTRICTIONS

BIRTHDATE(S)

LAST TETANUS/DIPHTHERIA (DPT) BOOSTERS

ALLERGIES TO DRUGS OR FOOD

ANY SPECIAL MEDICATIONS OR PERTINENT INFORMATION

SIGNATURE OF FATHER, MOTHER OR LEGAL GUARDIAN

DATE

ADDRESS