

**BACKPACKING GUARDIANSHIP & MEDICAL AUTHORIZATION FORM**

**MINOR'S FULL NAME:** \_\_\_\_\_  
Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Last) (First) (MI)  
Social Security # : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Student Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**MINORS MEDICAL HISTORY:**  
Allergies: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_ Other Medical Concerns: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**  
Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy/ Group #: \_\_\_\_\_  
Physicians Name: \_\_\_\_\_  
Primary Insured (parent/ guardian): \_\_\_\_\_

**PARENT/ LEGAL GUARDIAN EMERGENCY CONTACT INFORMATION**  
Name: \_\_\_\_\_  
Relationship to Minor: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Place of Employment: \_\_\_\_\_  
Emergency Contact Person (other than parent/ legal guardian)  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PERMISSION for Temporary Custody / HOLD HARMLESS FORM**  
As the custodial parent or legal guardian of the minor named above. I request and authorize the staff and adult chaperones of \_\_\_\_\_ (name of church or youth leader) to exercise temporary custody and care of this, my minor child while on group-related events.

During such time as my child is in the care of the staff and/or adult chaperones, and in the event that my child shall need medical treatment or care, including, but not limited to emergency surgery, hospitalization, or other emergency or non-emergency medical care, I hereby authorize and consent to such medical treatment and care that may be deemed necessary for my child, at my expense.

I shall be responsible for any and all costs or expenses of provide such care and treatment for my child, and shall reimburse, indemnify, and hold harmless \_\_\_\_\_ (church or youth leader), as well as the staff and adult chaperones from same.

I further understand that it is solely my responsibility to provide the church or youth leader with a completed copy of Sonlight's Health Form and Authorization Form.

**BEFORE ME, THE UNDERSIGNED AUTHORITY, PERSONALLY APPEARED:**  
Print Name: \_\_\_\_\_  
Sworn to and subscribed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
Signature of Parent / Legal Guardian: \_\_\_\_\_  
(Signature of Notary): \_\_\_\_\_