MEDICAL RELEASE AND GUARDIANSHIP FORM

MINOR'S FULL NAME: _____

(Last) (First) (MI)

Birth date: _____ /_____ /_____ 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 / HOLD HARMLESS FORM:

As the custodial parent or legal guardian of the minor named above. I am aware of the involvement and participation of this minor in activities at Sonlight Christian Camp's Family Camp. I request and authorize the below named individual(s) to exercise temporary custody and care of this, my minor child while attending this event.

Guardian(s): _____

During such time as my child is in the care of the named guardian above, 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 Sonlight Christian Camp and the Guardian from same.

I further understand that it is solely my responsibility to provide updated MEDICAL RELEASE AND GUARDIANSHIP FORM if any changes occur in the information provided above.

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): _____