

Temporary Guardianship Authorization for Care of Minor  
Event: Headwater Mission Center Family Camp

I, the undersigned parent(s)/guardian(s), \_\_\_\_\_,  
Parent(s) or Guardian(s) Name

of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Address City State Zip

hereby grant \_\_\_\_\_, of  
Name of Caretaker

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
Address City State Zip

the authority to take temporary care of the following child(ren):

\_\_\_\_\_  
\_\_\_\_\_

This grant of temporary authority shall begin on \_\_\_\_\_, and shall remain effective  
Beginning Date

through \_\_\_\_\_.  
Ending Date

The above named Caretaker(s) shall have the power to:

- seek appropriate medical treatment or attention on behalf of the child(ren) as may be required by the circumstances, including but not limited to, medical doctor and/or hospital visits
- authorize medical treatment or medical procedures in an emergency situation

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Print Name

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_