## **Summer Camp Temporary Guardianship Appointment Form**

## **Camper Information**

Full Name
Date of Birth
Home Address
Parent/Legal Guardian Information
Full Name
Phone Number
Email Address
Temporary Guardian Information
Full Name
Relationship to Camper
Phone Number
Email Address
Guardianship Duration
Start Date
End Date
End Date
Additional Instructions or Medical Concerns
Please specify
Authorization
Parent/Guardian Signature
Date