## World Dwarf Games Temporary Guardianship Form

## Temporary Guardian & Medical Release Form

Minors (under the age of 18 years old) attending the Lansing, MI, without their parents or normal legal gu the games. The parents of the unaccompanied minor following form. This form MUST BE NOTARIZED T must be included with your registration form or y complete the following information: Minors Name:	ardian, must have a to or who is attending the The temporary guardia your packet will be ret	emporary g e 2013 Worl an must be a urned to yo	uardian designa ld Dwarf Games at least 21 years u without proces	ated for the week of s must fill out the s of age. <b>This form</b>
Social Security #:				
Health Plan Name:				
Health Plan Policy #:	_ Group #:			
I give my permission for my minor (name			) to receive full	
medical treatment in the event of an emergency. Ex	ceptions (if any):			
I authorize (legal guardian name) for my minor during the week of August 3 to August			legal guardian	
Signature of Parent		•		
Parent's Name				
City State				
Home Phone ( ) Work Phone (	) Cell (	) Fax( _	)	
E-mail				
Name of Guardian (must be <i>at least</i> 21 years of age Address	?)			_
City State	Zip			
Signature of Guardian	Date _		· · · · · · · · · · · · · · · · · · ·	
Allergies of minor			· · · · · · · · · · · · · · · · · · ·	
Current listing of medications				
Other medical needs or concerns:			· · · · · · · · · · · · · · · · · · ·	
Physicians Phone Number: ()			· · · · · · · · · · · · · · · · · · ·	
Notary Public Stamp/Signature	Date Co	ommission	Expires	

Please return this form with your Registration.