

AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR

Child

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Health Information

Allergies to Medications:

Allergies (Other): _____

If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Parent(s)/Legal Guardian(s):

Parent #1:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Parent #2:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Temporary Guardian(s):

Temporary Guardian #1:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Temporary Guardian #2:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

Emergency Contact:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Pager: _____

Email: _____

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
5. This authorization is effective commencing on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20____.
6. For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows:
_____.

7. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's signature: _____ Date: _____

Parent 2's signature: _____ Date: _____

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms.

Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1's signature: _____ Date: _____

Temporary Guardian 2's signature: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

This document was acknowledged before me on _____ [date] by _____ [name of principal].

[Notary Seal, if any]:

(Signature of Notarial Officer)

Notary Public for the State of _____

My commission expires: _____