

# Authorization for Temporary Guardianship of Minor

## **Child**

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## **Parent**

Full Legal Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## **Temporary Guardian**

Full Legal Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## **Emergency Contact**

Full Legal Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

## Authorization and Consent of Parent

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 \_\_\_\_\_, \_\_\_\_\_ and expiring on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
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 paid by me (parent).

I attest to the truthfulness, accuracy, and validity of the forgoing statement.

\*Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Consent of the Temporary Guardian

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

I attest to the truthfulness, accuracy, and validity of the forgoing statement.

\*Temporary Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*All signatures must be notarized.**