



## Temporary Guardianship Authorization for Care of Minor

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

Permanent address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

*Child's School or Day Care [Leave this section blank if your child is not in school or any type of child care program.]*

School or child care program: \_\_\_\_\_ Grade (if in school): \_\_\_\_\_

Teacher: \_\_\_\_\_

School address: \_\_\_\_\_ Phone: \_\_\_\_\_

Other child care program (such as after-school program): \_\_\_\_\_

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

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

Responsible adult: \_\_\_\_\_

Child's Doctor, Dentist, and Insurance Doctor (or HMO): \_\_\_\_\_

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

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

Name of medical insurer/health plan: \_\_\_\_\_ Policy no.: \_\_\_\_\_

Dentist: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Name of dental insurer/dental plan: \_\_\_\_\_

Policy no.: \_\_\_\_\_

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# Parents or Legal Guardians

Parent 1 Name:

\_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 Name:

\_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Temporary Guardian Name:

\_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

# Temporary Guardianship Agreement

I, \_\_\_\_\_, of \_\_\_\_\_  
(print your full name) (street )

\_\_\_\_\_, as the custodial parent of: (city, state, zip)

List the full names of each child:

\_\_\_\_\_

List each child's birth date:

\_\_\_\_\_

Do hereby grant temporary guardianship of the above listed children to:

\_\_\_\_\_

List the full names of the individual (s) to whom you are granting temporary custody:

\_\_\_\_\_

List each person's relationship to the child(ren):

\_\_\_\_\_

Contact information of temporary guardians listed above:

Address:

\_\_\_\_\_

Phone numbers:

\_\_\_\_\_

Statement of Consent: (To be signed in the presence of a legalized notary public.)

I, \_\_\_\_\_, hereby grant temporary guardianship of the above children, whom I have legal custody of, to \_\_\_\_\_:

From \_\_\_\_\_ to \_\_\_\_\_ (mm/dd/yyyy)

For as long as necessary, beginning on \_\_\_\_\_ (mm/dd/yyyy)

*In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.*

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

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

# Consent of Temporary Guardian

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent of Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, and medical and dental expenses as set forth in the above Authorization and Consent of Parent(s).

*I declare under penalty of perjury under the laws of the state of \_\_\_\_\_ that the foregoing is true and correct.*

Temporary guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

## Certificate of Acknowledgment of Notary Public

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, a notary public in and for said state, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that he or she executed the same in his or her authorized capacity and that by his or her signature on the instrument, the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal. \_\_\_\_\_

Notary Public for the State of \_\_\_\_\_ My commission expires \_\_\_\_\_

[NOTARY SEAL]