



# Appointment for Temporary Guardian

I/We \_\_\_\_\_ and \_\_\_\_\_ the parent(s) of the child(ren) named below, residing at

\_\_\_\_\_

hereby appoint \_\_\_\_\_ and \_\_\_\_\_ to serve as temporary guardian(s) over the following minor child(ren): (If more space is needed, please attach additional sheets).

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

D.O.B. \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

D.O.B. \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

D.O.B. \_\_\_\_\_

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

D.O.B. \_\_\_\_\_

The temporary guardian(s) will have the same authority as the undersigned parent(s) would have with respect to the custody and care of the minor child(ren). Including the right to execute and perform the following acts:

1. To make all health care decisions, including the right to approve or decline treatment, provided the decision is made based on the advice and direction of a licensed physician or other licensed medical practitioner. And to execute and process all necessary insurance claims and documents.
2. To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school activities, school trips, and school conferences.
3. To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.
4. To travel with the child(ren) without limitations unless stated below.

**Consent of Temporary Guardian**

I/we agree to assume full responsibility and to make decisions necessary for the well being of the minor child or children named above who will be living with me/us during the temporary guardianship period.

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

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

**Please fill out the following emergency contact and family information for the designated temporary guardians.**

**FAMILY CONTACT INFORMATION**

Parents' names \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Parents' email \_\_\_\_\_

Parents' Home Phone \_\_\_\_\_

Other Contact Information \_\_\_\_\_

**MEDICAL INFORMATION**

Medical conditions, allergies, medications, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT INFORMATION**

Student's Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Student information, food preferences, interests, hobbies, etc.

\_\_\_\_\_  
\_\_\_\_\_

Other Information:

\_\_\_\_\_