

Temporary Guardian Form

Child

Last Name: _____ First Name: _____ Middle Initial: _____
Date of Birth: _____ Gender: _____ Age: _____

Doctor's Information

Doctor's Name: _____
Clinic Address: _____
Office Phone Number: _____ Emergency Phone Number: _____
Medical Insurer/Health Plan: _____ Policy #: _____
Treatment that the child is currently receiving: _____

Treatment that the child has previously received: _____ Start Date: _____
Start Date: _____
End Date: _____

Allergies to medication: _____
Other allergies: _____
Other medical information: _____

Parent(s)/Legal Guardian(s)

Parent #1:

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
Home Phone Number: _____ Work Phone: _____
Cell Phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

Parent #2:

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____
Home Phone Number: _____ Work Phone: _____
Cell Phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

Temporary Guardians

Temporary Guardian #1:

Name: _____
Address: _____
Home Phone Number: _____ Work Phone: _____
Cell Phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

Temporary Guardian #2:

Name: _____
Address: _____

Home Phone Number: _____ Work Phone: _____
Cell Phone: _____ Pager: _____
Email: _____
Additional Contact Information: _____

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

I do hereby swear that I have legal custody of the aforementioned minor child.

I grant my authorization and consent for _____ to:
Temporary Guardian

- ☐ House, shelter, transport and feed the aforementioned minor child.
- ☐ Seek medical attention for the child, including contacting medical personnel and transporting child to the necessary clinic or hospital. To issue consent for any medical procedure, transfusion, medication, treatment or care diagnosed and administered by any licensed physician, surgeon, dentist, or medical personnel.
- ☐ Make decisions on behalf of the minor child's upbringing, discipline, education, extracurricular activities, religious education and dietary needs.

Payment Plan for housing, food, medical care, tuition, clothing, miscellaneous: _____

This temporary guardianship is authorized to begin the _____ day of _____ 20____
and will cease to be in effect on the _____ day of _____ 20____

Signed this _____ day of _____ 20____

Parent #1's Signature

Temporary Guardian #1's Signature

Parent #2's Signature

Temporary Guardian #2's Signature

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____
COUNTY OF _____

This document was acknowledged before me on _____ by _____

(Signature of Notarial Officer)

Notary Public for the State of _____
My commission expires: _____

