

## 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: \_\_\_\_\_ Start Date: \_\_\_\_\_

Treatment that the child has previously received: \_\_\_\_\_ 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 \_\_\_\_\_ 2  
and will cease to be in effect on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_ 0 \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2  
0 \_\_\_\_\_

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: \_\_\_\_\_

