

Temporary Guardianship Affidavit for Minor Child

Guardian Details:

- Full Name: _____
- Relationship to Minor: _____
- Contact Number: _____
- Address: _____

Minor Child Details:

- Full Name: _____
- Date of Birth: _____
- Parent(s) Name: _____

Duration of Temporary Guardianship:

Start Date: _____

End Date: _____

Responsibilities Granted:

- Medical Decisions
- Educational Decisions
- Financial Decisions
- Other (Specify): _____

Consent and Authorization:

I, [Parent's Name], authorize [Guardian's Name] to act as the temporary legal guardian for my minor child, [Child's Name].

Signature of Parent: _____ Date: _____

Signature of Guardian: _____ Date: _____

Notary Public Seal: _____