

Temporary Guardianship Form for Grandparents

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Address: _____

Known Allergies/Medical Conditions: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email: _____

GRANDPARENT(S) INFORMATION

Grandparent 1 Name: _____

Relationship to Child: _____

Phone Number: _____

Address: _____

Grandparent 2 Name (if applicable): _____

Relationship to Child: _____

Phone Number: _____

Address: _____

TEMPORARY GUARDIANSHIP TERMS

This temporary guardianship shall be effective from (Start Date) _____
to (End Date) _____.

During this period, the grandparent(s) named above shall have the authority to:

- Make medical decisions for the child in case of emergency
- Enroll the child in school or daycare if necessary
- Provide consent for recreational or extracurricular activities
- Obtain medical records and communicate with healthcare providers

MEDICAL INFORMATION

The child is covered by the following health insurance policy:

Insurance Provider	Policy Number	Primary Physician	Phone Number

SIGNATURES & NOTARIZATION

Parent/Legal Guardian 1:

Signature: _____ Date: _____

Parent/Legal Guardian 2 (if applicable):

Signature: _____ Date: _____

Grandparent 1:

Signature: _____ Date: _____

Grandparent 2 (if applicable):

Signature: _____ Date: _____

Notary Public (If Required):

Notary Name: _____

Commission Expiry: _____

Seal: _____