

Temporary Guardianship Form for Minor Child

CHILD INFORMATION

Full Name: _____

Date of Birth: _____

Address: _____

Medical Conditions/Allergies: _____

TEMPORARY GUARDIAN INFORMATION

Guardian's Full Name: _____

Relationship to Child: _____

Phone Number: _____

Address: _____

PARENT/LEGAL GUARDIAN INFORMATION

Parent/Guardian Name(s): _____

Phone Number: _____

Address: _____

GUARDIANSHIP DURATION

This guardianship is effective from (Start Date) _____ to (End Date)
_____.

- I authorize the guardian to make all decisions concerning my child's welfare
- I grant permission for medical treatment in case of emergency
- I allow my child to participate in educational and recreational activities

MEDICAL & EMERGENCY CONTACTS

Doctor's Name	Phone Number	Hospital Preference	Insurance Policy

SIGNATURES

Parent/Guardian 1:

Signature: _____ Date: _____

Parent/Guardian 2 (if applicable):

Signature: _____ Date: _____

Temporary Guardian:

Signature: _____ Date: _____

Notary Public (If Required):

Notary Name: _____

Commission Expiry: _____

Seal: _____