

Temporary Guardianship

Without Court Form

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Address: _____

Medical Conditions/Allergies: _____

TEMPORARY GUARDIAN INFORMATION

Guardian's Name: _____

Relationship to Child: _____

Phone Number: _____

Address: _____

TERMS OF TEMPORARY GUARDIANSHIP

This agreement is valid from (Start Date) _____ to (End Date)

_____.

- I authorize the guardian to make medical decisions
- I grant permission for school-related decisions
- I allow participation in extracurricular activities

SIGNATURES

Parent/Legal Guardian 1:

Signature: _____ Date: _____

Parent/Legal Guardian 2 (if applicable):

Signature: _____ **Date:** _____

Temporary Guardian:

Signature: _____ **Date:** _____