

TEMPORARY GUARDIANSHIP AGREEMENT

I, _____, of _____,
(print your full name) (street, city, state, zip)

and (if applicable)

I, _____, of _____,
(print your full name) (street, city, state, zip)

as custodial parent(s)/guardian(s) of:

_____ (child's full name) _____ (child's date of birth)

_____ (child's full name) _____ (child's date of birth)

do hereby grant temporary guardianship of the above listed child/children to:

_____ from _____ to _____
(print full name and relationship to child/children) (mm/dd/yyyy) (mm/dd/yyyy)

Contact information of temporary guardian listed above:

Address: _____ Phone: _____

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

_____ Father Mother Guardian
(signature) (check one)

____ I represent that I have sole custody or am sole parent/guardian
(initial)

_____ Father Mother Guardian
(signature) (check one)

Notarization:

On this _____ day of _____, _____,
(date) (month) (year) (name of parent/guardian)

and (if applicable) _____ personally appeared before me
(name of parent/guardian)

in _____, _____, and, in my presence, has/have satisfactorily
(city) (state)

identified him/her/themselves as the signer(s) of this Temporary Guardianship Agreement.

Name of Notary Official: _____

Affix Notary Seal Here

Signature: _____ Commission Expires: _____