

TEMPORARY GUARDIANSHIP AGREEMENT

We, _____ and _____,
(PRINT NAME OF PARENT 1) (PRINT NAME OF PARENT 2)

of _____
(ADDRESS)

as the custodial parent of:

<i>List the full names of each child</i>	<i>List each child's birth date</i>

Do hereby grant temporary guardianship of the above listed children to:

<i>List the full names, addresses, and phone number of the individual(s) to whom you are granting temporary custody</i>	<i>List each person's relationship to the child(ren)</i>



STATEMENT OF CONSENT: (To be signed in the presence of a legalized notary public.)

We _____ and _____
(PRINT NAME OF PARENT 1) (PRINT NAME OF PARENT 2)

hereby grant temporary guardianship of the above children, whom I have legal custody of to

(NAME(S) OF INDIVIDUAL TO WHOM YOU ARE GRANTING TEMPORARY CUSTODY)

From _____ to _____
(MM/DD/YYYY) (MM/DD/YYYY)

For as long as necessary, beginning on _____
(MM/DD/YYYY)

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. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature of Parent 1: _____ Date: _____

Signature of Parent 2: _____ Date: _____

Notarization:

On this _____ day of _____, 20____, _____
(DATE) (MONTH) (NAME OF PARENT 1)

and _____ personally appeared before me in
(NAME OF PARENT 2)

_____, _____ and, in my presence, has/have satisfactorily identified
(CITY) (STATE)

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

Signature: _____

Commission Expires: _____

