

**Temporary Guardianship Agreement with Detailed Authorization
Regarding the Acquiring of Medical Care for Minor Children
(Including Consent of Temporary Guardians)**

I, _____ (name of custodial parent) of

_____ (street address, city, county, state, zip code),
am the custodial parent of the following minor children:

(Full name of each child, address, and date of birth)

As said custodial parent, I do hereby grant temporary custody of the above
children to:

(List the Full Names of the Living Person(s) to Whom You Are Granting Temporary
Custody and List Your Relationship to the Children)

_____ (date).

or

For as long as necessary, beginning on _____ (date).

The current names of _____ [Name(s) of temporary custodians]
is _____

_____ (street address, city, county, state, zip code).

CONSENT AS TO MEDICAL CARE

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 said children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I request that I be contacted as soon as possible in the case such medical care is necessary or appears to be necessary.

Witness my signature this _____ day of _____, 20_____.

Printed name and signature of Custodial Parent

STATE OF _____
COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____ (**Name of Custodial Parent**), who acknowledged that he/she executed the above and foregoing instrument.

My Commission expires:

NOTARY PUBLIC

Consent of Temporary Guardian

We hereby acknowledge that the statements made are true and correct and agree to assume the responsibility in accordance with the terms. Under penalty of perjury under the laws of the state of _____, We attest to the truthfulness, accuracy, and validity of the foregoing statement.

Printed name & signature of Temporary Guardian

Printed name & signature of Temporary Guardian

STATE OF _____
COUNTY OF _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this _____ day of _____, 20_____, within my jurisdiction, the within named _____ (**Names of Temporary Guardians**), who acknowledged that they executed the above and foregoing instrument.

NOTARY PUBLIC

My Commission expires:

(Acknowledgements may vary by State)