

# The Learning Castle

## Authorization of Temporary Guardianship

# La Cañada Preparatory

### Student Information

Last Name	Middle	First
Birth Date	Sex	

### Parent/ Legal Guardian Information

Parent/Legal Guardian #1

Last Name	Middle	First	
Home Address Street/ Apt. #	City	State/ Country	Zip Code (If USA)
Home Phone	Work Phone	Cell Phone	
Other Contact Information			

Parent/Legal Guardian #2

Last Name	Middle	First	
Home Address (If different from Parent #1) Street/ Apt. #	City	State/ Country	Zip Code (If USA)
Home Phone	Work Phone	Cell Phone	
Other Contact Information			

### Temporary Guardian Information

Temporary Guardian #1

Last Name	Middle	First	
Home Address Street/ Apt. #	City	State/ Country	Zip Code
Home Phone	Work Phone	Cell Phone	
Other Contact Information			

Temporary Guardian #2

Last Name	Middle	First	
Home Address (If different from Parent #1) Street/ Apt. #	City	State/ Country	Zip Code
Home Phone	Work Phone	Cell Phone	
Other Contact Information			

Continued on reverse side

## Authorization of Temporary Guardianship (Cont.)

Emergency Contact Information (If different from previous page)

Last Name

Middle

First

Home Address (If different from Parent #1)

Street/ Apt. #

City

State/ Country

Zip Code

Home Phone

Work Phone

Cell Phone

Other Contact Information

## Authorizaton of Consent of Parent(s) or Legal Guardian(s)

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I also grant the temporary guardian my full authorization to sign, on my behalf, any and all medical consent or parental permission forms required for school, day-care, camp, or field-trip enrollment.
5. This authorization is effective commencing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ and expiring on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.
6. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the laws of the state of California, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent/ Legal Guardian #1 Signature

Date

Parent/ Legal Guardian #2 Signature

Date

## Consent of Temporary Guardian

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms.

Under penalty of perjury under the laws of the state of California, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian #1 Signature

Date

Temporary Guardian #2 Signature

Date

