

TEMPORARY CHILD GUARDIAN CONSENT FORM

The Parent(s)/ Guardian(s)

Full Name(s) and Surname(s): _____ and _____

Address: _____

Contact Phone Number(s) and Details: _____

The Child(ren)

Full Name(s) and Date of Birth: _____

The Temporary Guardian(s)

Full Name(s) and Surname(s): _____ and _____

Address: _____

Contact Phone Number(s) and Details: _____

I / We, the parents or guardians of the child hereby grant temporary guardianship to the Temporary Guardian for the period from the ___ day of _____, 20__ and expiring on the ___ day of _____, 20__.

- I /We hereby acknowledge that the child will reside and may travel with the Temporary Guardian.
- I / We authorize the Temporary Guardian to act on my/our behalf in making all decisions on a daily basis as to the child's activities and wellbeing.
- I / We authorize the Temporary Guardian to administer general first aid treatment for minor injuries or illnesses experienced by the child except where any such first aid treatment is specifically excluded hereunder: _____
- I /We authorize the Temporary Guardian, in the event that I / We low case cannot be contacted or if any urgency dictates, to act in *loco parentis* for the child in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery,

and on my/ our behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the child may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I / We hereby accept full liability for all costs incurred though such medical treatment for the child.

- Persons responsible should please note the following medical information:

CHILD	MEDICATION(S)	DOSES	ALLERGIES

- The following information is essential in case of medical treatment or hospitalization:

Primary Healthcare Insurance information:

Insurance company name, address and phone #: _____

Policy #: _____ Member #: _____

Group #: _____

Policy Holder's Name and address: _____

Primary Care Physician name and phone #: _____

- **I /We indemnify the Temporary Guardian against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of Temporary Guardianship.**
- I / We declare that I am /we are the legal custodian/custodians of the child and that I/ We low case have legal authority to appoint a Temporary Guardian for the child.

Parent's Signature: _____

State of Florida

County of Broward

The Foregoing instrument was acknowledged before me on this ____ day of _____, 20____, who is personally known to me or has produced ID _____ and who did (did not) take and oath.

Notary Seal:

Notary Public Print Name: _____

Notary Public Signature: _____

All Saints Catholic Church / Parent Consent Form

Medical Release extends one week past anticipated return date.

STAY AWAKE WITH ME

10900 W. Oakland Pk Blvd., Sunrise, FL 33351

Event: **STAY AWAKE WITH ME: RETREAT FOR BROWARD TEENS**
Destination: All Saints Catholic Church Family Center
Address: 10900 W Oakland Pk Blvd., Sunrise, FL 33351
BEGINS Date: Holy Thursday, Mar 28 Time: 10:00 pm
ENDS: Good Friday, Mar 29 Time: 9:00 am

EVENT IS FREE

(first name) (middle name) (last name)

(street address) (city) (state) (zip)

(MOTHER'S [GUARDIAN'S] name) (home phone) (work phone)

(FATHER'S [GUARDIAN'S] name) (home phone) (work phone)

(FAMILY DOCTOR'S NAME) (phone) (insurance co.) (policy #)

(current medication) (allergies)

Liability, Medical, Transportation Releases

I, the guardian, request that the Director (s) of Youth Ministry and his/her agents: perform emergency first aid for my youth when necessary and possible; give my consent for emergency medical treatment in the event I cannot be reached; provide over the counter medications if requested by my youth; and allow my youth to take advantage of transportation offered by the church. By signing below, the legal guardian grants permission for their above-named youth to attend this event, and agrees to release from any liability and to hold harmless the Director of Youth Ministry, All Saints Catholic Church and its agents, and the Archdiocese of Miami. The Guardian agrees that his/her own insurance company, if any, will be the primary payer for any injury or loss incurred by his/her child as a result of their participation in this youth event.

Zero Tolerance Policy

Possession and/or use of illegal drugs, alcohol, tobacco, or firearms are strictly prohibited. Any infraction against this policy will bring immediate suspension from the activity. Parent(s) will be notified immediately and will be required to provide transportation for the offender. Further consequences will depend on the infraction and circumstances.

Signed: _____ **Date:** _____

Parent/Guardian's Signature