

[Your Name]
[Street Address]
[City, ST ZIP Code]
[Phone]

[Date]

To Whom It May Concern:

I am the parent of [Children's Names] and I do hereby give my permission to and appoint [Guardian Names] as temporary guardian(s) of my minor child(ren) during the time period [click to select start date] through [click to select end date] only to make any and all necessary decisions about my child(ren)'s health care. Said temporary guardian(s) shall have all of the rights to choosing and authorizing medical treatment for my child(ren) during this time period as I have as a parent.

Sincerely,

[Your Name]

STATE OF [State]
COUNTY OF [County]

In _____, on the ____ day of _____, 20____, before me, a Notary Public in and for the above state and county, personally appeared _____, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

NOTARY PUBLIC
My Commission Expires: _____

(SEAL)