



Temporary Guardianship Agreement

I, _____, of _____
 (print your full name) (list your street address)
 _____, as the custodial parent of:
 (city, state, zip, phone number)

List the Full Names of Each of Your Children	List Each Child's Birth Date

do hereby grant temporary custody of the above listed children to:

List the Full Names of the Individual(s) to Whom You are Granting Temporary Custody	List Each Person's Relationship to the Children

Mr./Ms./Mrs. _____'s current address is
 _____.

Statement of Consent: (To be signed in the presence of a legalized notary public.)

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

- From _____ to _____.
- For as long as necessary, beginning on _____.

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, until such time as I can be contacted. 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.

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____
 (date) (month) (year) (name of parent)

personally appeared before me in _____ County (in the state of _____) and, in my presence, signed this Temporary Guardianship form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____