

Temporary Medical Guardianship Form for Minor

Minor's Information

Full Name of Minor:

Date of Birth:

Address:

Parent/Legal Guardian Information

Parent/Guardian Name:

Phone Number:

Temporary Guardian Information

Temporary Guardian Name:

Phone Number:

Address:

Authorization

I hereby authorize the above-listed Temporary Guardian to make medical decisions for my minor child as described above from

Start Date: End Date:

Limitations or Special Instructions (if any):

Signature

Parent/Legal Guardian Signature:

Date:

Submit