

## Temporary Guardianship Declaration

Date:

I,  (Parent/Legal Guardian), hereby grant temporary guardianship of my child(ren):

Child(ren) Full Name(s):

Date(s) of Birth:

to  (Temporary Guardian) from  to .

Address of Parent/Legal Guardian:

Address of Temporary Guardian:

Medical Information/Special Instructions:

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_