

Emergency Guardianship Authorization

I, , hereby authorize myself as the Emergency Guardian of , born on .

This authorization is effective as of and shall remain in effect until or until revoked in writing.

Reason for Emergency Guardianship:

Guardian Contact Information:

Address:

Phone:

Email:

Signature of Authorizing Parent/Legal Guardian:

Signature:

Date:

This document is for emergency purposes only and may be subject to state/local laws and verification.