

# Temporary Guardian Emergency Medical Consent

I, , legal parent/guardian of , born on ,  
hereby authorize  as temporary guardian for the duration of my absence from  
 to .

During this time, the temporary guardian named above has my permission to obtain and consent to any necessary emergency medical treatment, including hospitalization, for my child.

## Child's Medical Information

Doctor's Name:   
Medical Conditions/Allergies:   
Insurance Provider:   
Policy Number:

## Parent/Guardian Contact Information

Name:   
Phone:   
Alternate Phone:

## Consent Confirmation

Parent/Guardian Signature:  Date:   
Witness Signature:  Date:

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This form is to be used for emergency medical authorization only. Please provide copies to both the temporary guardian and your child's healthcare provider.