

Temporary Guardian Authorization for Travel

I, , as the parent/legal guardian of , born on , hereby authorize to act as temporary guardian for the purpose of travel from to .

Travel Details

Destination(s):
Purpose of Travel:

Temporary Guardian Information

Full Name:
Relationship to Child:
Contact Number:

Parent/Legal Guardian Information

Full Name:
Address:
Contact Number:

I grant permission for the temporary guardian to make decisions regarding emergency medical care and routine care for my child during the specified travel period.

Signature of Parent/Legal Guardian: _____
Date: _____

Signature of Temporary Guardian: _____
Date: _____