

TEMPORARY GUARDIANSHIP AGREEMENT

County of _____, State of _____

I. PARTIES

Parent/Legal Guardian [Maternal]:

Name: _____

Address: _____

Phone: _____ Cell: _____

State ID No: _____

Email: _____

Parent/Legal Guardian [Paternal]:

Name: _____

Address: _____

Phone: _____ Cell: _____

State ID No: _____

Email: _____

Temporary Guardian(1):

Name: _____

Address: _____

Phone: _____ Cell: _____

State ID No: _____

Email: _____

Temporary Guardian(2):

Name: _____

Address: _____

Phone: _____ Cell: _____

State ID No: _____

Email: _____

MINOR CHILD(REN)

Child Full Name: _____

Child Full Name: _____

Date of Birth: _____

Date of Birth: _____

Address: _____

Address: _____

Child Full Name: _____
Date of Birth: _____
Address: _____

Child Full Name: _____
Date of Birth: _____
Address: _____

III. PURPOSE OF AGREEMENT

This Temporary Guardianship Agreement is made to grant temporary care and decision-making authority for the above-named minor child(ren) to the temporary guardian(s) listed above, due to:

Travel Illness Military service Emergency Other: _____

IV. TERM OF TEMPORARY GUARDIANSHIP

This guardianship shall begin on the ____ day of _____, 20,
and shall end on the ____ day of _____, 20,
unless revoked earlier in writing by the parent(s)/legal guardian(s).

V. POWERS GRANTED

The Temporary Guardian(s) shall have authority to:

1. Provide for the child's care, custody, housing, and supervision.
2. Consent to medical, dental, and mental health treatment.
3. Enroll the child in school and participate in educational decisions.
4. Provide food, clothing, and transportation.
5. Perform any other acts necessary for the child's welfare during guardianship period.

This agreement does not terminate parental rights. The parent(s) retain full legal custody and may revoke this guardianship at any time.

VI. EMERGENCY CONTACT INFORMATION

Parent(s) may be reached at:

Phone: _____

Alternate Contact: _____

Relationship: _____

VII. REVOCATION OR EXPIRATION

This temporary guardianship automatically expires on the end date listed above, or may be revoked at any time by written notice signed by the parent(s)/legal guardian(s).

VIII. SIGNATURES

(MATERNAL)

Parent/Legal Guardian:

Signature: _____

Print Name: _____

Date: _____

(PATERNAL)

Parent/Legal Guardian:

Signature: _____

Print Name: _____

Date: _____

Temporary Guardian (1):

Signature: _____

Print Name: _____

Date: _____

Temporary Guardian (2):

Signature: _____

Print Name: _____

Date: _____

Witness (1):

Signature: _____

Print Name: _____

Date: _____

Witness (2):

Signature: _____

Print Name: _____

Date: _____

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STATE OF \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

by \_\_\_\_\_ (Parent/Legal Guardian, Maternal)

and \_\_\_\_\_ (Parent/Legal Guardian, Paternal);

by \_\_\_\_\_ (Temporary Guardian, 1), and

\_\_\_\_\_ (Temporary Guardian, 2).

Notary Public Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

—NOTARY STAMP—

Commission Expires: \_\_\_\_\_