

**APPOINTMENT OF
TEMPORARY GUARDIAN FOR MINOR CHILD(REN)**

I/We _____ and _____

the parent(s) of the child(ren) named below, residing at _____

hereby appoint _____ and _____

residing at _____ to serve

as temporary guardian(s) over the following minor child(ren): (If more
space is needed attach additional sheets).

First Name _____ M _____ Last Name _____

Date of Birth _____

First Name _____ M _____ Last Name _____

Date of Birth _____

The temporary guardian(s) will have the same authority as the undersigned parent(s) would have with respect to the custody and care of the minor child(ren). Including the right to execute and perform the following acts:

To make all health care decisions, including the right to approve or decline medical treatment, provided the decision is made based on the advice and direction of a licensed physician or other licensed medical practitioner. And to execute and process all necessary insurance claims and documents.

To generally do and perform all matters and to execute all documents with respect to the custody and care of the child(ren) named herein.

To travel with the child(ren) without limitations unless stated below.
(IF THERE ANY TRAVEL LIMITATIONS LIST THEM HERE)

In the event that a formal legal proceeding is commenced to establish a permanent guardian for the child(ren), it is my desire that the temporary guardian(s) mentioned herein have priority in appointment.

This power of attorney shall be in effect from

_____ to _____,

I/We have executed this power of attorney on the _____ day of _____, 2_____.

(SIGNATURE OF PARENT/ LEGAL GUARDIAN)

(SIGNATURE OF PARENT/LEGAL GUARDIAN)

Consent of Temporary Guardian

I/We agree to assume full responsibility and to make decisions necessary for the well being of the minor child or children named above who will be living with me/us during the temporary guardianship period.

(SIGNATURE OF TEMPORARY GUARDIAN)

(SIGNATURE OF TEMPORARY GUARDIAN)

Witness Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Witness Signature: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This Section for Notary:

STATE OF _____ COUNTY OF _____

I, _____, a resident of and notary public in and for the state and county named above, who am duly commissioned and sworn and legally authorized to administer oaths and affirmation, hereby certify that

on _____, 2____, _____ and

_____, who is known to me personally, or provided proper proof of identification, appeared before me, acknowledged signing the above TEMPORARY GUARDIANSHIP APPOINTMENT, and after being first duly sworn by me under penalty of perjury, swore on his/her oath to the truth of the facts in the above TEMPORARY GUARDIANSHIP APPOINTMENT, declared said document to be a power of attorney that he/she gave to the above agent, signed it freely and voluntarily, and signed it in my presence and for the purposes explained herein.

Subscribed and sworn to before me this _____, day of _____, 2_____.

Notary Public _____

My commission expires: _____