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| Temporary Guardian Form | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | |  | | | | | | | | | First Name: | | |  | | | | | | | | | | | Middle Initial: | | |  | |
| Date of Birth: | | | | |  | | | | | | | | Gender: | |  | | | | | Age: | | | |
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| **Doctor’s Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doctor’s Name: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Clinic Address: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Office Phone Number: | | | | | | | |  | | | | | Emergency Phone Number: | | | | | | | | | |  | | | | | | |
| Medical Insurer/Health Plan: | | | | | | | | |  | | | | | | | Policy #: | | |  | | | | | | | | | | |
| Treatment that the child is currently receiving: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | Start Date: | | | | | | | |  | | |
| Treatment that the child has previously received: | | | | | | | | | | | | | | | | | | | Start Date: | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | End Date: | | | | | | | |  | | |
| Allergies to medication: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Other allergies: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other medical information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Parent(s)/Legal Guardian(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Parent #1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | |  | | | | | | | | | | First Name: | |  | | | | | | | | | | | | Middle Initial: | | |  |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | |  | | | | | | | | | Work Phone: | | | | | |  | | | | | | | |
| Cell Phone: | |  | | | | | | | | | | | | | | Pager: | |  | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Additional Contact Information: | | | | | | | | | |  | | | | | |
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| **Parent #2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name: | |  | | | | | | | | | | First Name: | |  | | | | | | | | | | | | Middle Initial: | | |  |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | |  | | | | | | | | | Work Phone: | | | | | |  | | | | | | | |
| Cell Phone: | |  | | | | | | | | | | | | | | Pager: | |  | | | | | | | | | | | |
| Email: | |  | | | | | | | | | | | | | |  | |  | | | | | | | | | | | |
| Additional Contact Information: | | | | | | | | | |  | | | | | |
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| **Temporary Guardians** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Temporary Guardian #1:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | |  | | | | | | | | Work Phone: | | | | | |  | | | | | | | | |
| Cell Phone: | | | | | | |  | | | | | | | | Pager: | |  | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Contact Information: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **Temporary Guardian #2:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home Phone Number: | | | | | | |  | | | | | | | | Work Phone: | | | | | |  | | | | | | | | |
| Cell Phone: | | | | | | |  | | | | | | | | Pager: | |  | | | | | | | | | | | | |
| Email: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Contact Information: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| **AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I do hereby swear that I have legal custody of the aforementioned minor child. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I grant my authorization and consent for | | | | | | | | | |  | | | | | | | | | | | | | | to: | | | |
| Temporary Guardian | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ House, shelter, transport and feed the aforementioned minor child. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Seek medical attention for the child, including contacting medical personnel and transporting | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| child to the necessary clinic or hospital. To issue consent for any medical procedure, transfusion, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| medication, treatment or care diagnosed and administered by any licensed physician, surgeon, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| dentist, or medical personnel. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □ Make decisions on behalf of the minor child’s upbringing, discipline, education, extracurricular | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| activities, religious education and dietary needs. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Payment Plan for housing, food, medical care, tuition, clothing, miscellaneous: | | | | | | | | | | | | | | | | | | | | |  | | | | | | |
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| This temporary guardianship is authorized to begin the | | | | | | | | | | | | |  | | | day of | |  | | | | | | 20 | |  |  |
| and will cease to be in effect on the | | | | | | | |  | | | day of | |  | | | | | | | 20 | |  | | |  | | |
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| Signed this |  | | | day of | | |  | | | | | | | 20 | |  | | |  | | | | | | | | |
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| Parent #1’s Signature | | | | | | | | |  | | | | | | Temporary Guardian #1’s Signature | | | | | | | | | | | | |
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| Parent #2’s Signature | | | | | | | | |  | | | | | | Temporary Guardian #2’s Signature | | | | | | | | | | | | |
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| **CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| STATE OF | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| COUNTY OF | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| This document was acknowledged before me on | | | | | | | | | | | |  | | | | | | | | | | | by | | | | |
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| (Signature of Notarial Officer) | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
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| Notary Public for the State of | | | | |  | | | | | | | | | | | |  | | | | | | | | | | |
| My commission expires: | | |  | | | | | | | | | | | | | |  | | | | | | | | | | |