

AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR

Child(ren)

Full Legal Name:

Date of Birth: _____ Age: _____ Gender: _____

Allergies to Medications:

Allergies (Other):

If applicable, please note the conditions for which the child is currently receiving treatment:

Full Legal Name:

Date of Birth: _____ Age: _____ Gender: _____

Allergies to Medications:

Allergies (Other):

If applicable, please note the conditions for which the child is currently receiving treatment:

Doctor's Information

Doctor's Name:

Doctor's Address:

Doctor's Office Phone: _____

Doctor's Emergency Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Note any other significant medical information:

Parent(s) and/or Physical/Legal Guardian(s):

Name:

Address:

Home phone: _____ Cell phone: _____

Email: _____

Additional Contact Information:

Temporary Guardian(s):

Temporary Guardian #1:

Name:

Address:

Home phone: _____ Cell phone: _____

Email: _____

Additional Contact Information:

Temporary Guardian #2

Name:

Address:

Home phone: _____ Cell phone: _____

Email: _____

Additional Contact Information:

AUTHORIZATION AND CONSENT OF PARENT(S) AND/OR PHYSICAL/LEGAL GUARDIAN(S)

1. I hereby declare that I have physical and/or legal custody of the above named child(ren).
2. I hereby grant my full permission for my child to reside and travel with said temporary guardian.
3. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

This authorization is effective commencing on the _____ day of _____, 20____ and expiring on the _____ day of _____, 20_____.

Under penalty of perjury under the laws of the state of Texas, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent(s) signature: _____
Date: _____

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of Texas, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1's signature: _____
Date: _____

Temporary Guardian 2's signature: _____
Date: _____