

Guardianship Agreement

TO ANY: LAW ENFORCEMENT AGENCIES,
SOCIAL WELFARE AGENCIES,
MEDICAL PROVIDERS,
SCHOOL DISTRICTS and
TO WHOM IT MAY CONCERN

I, _____ of _____.
[Insert Parent Name] [Address]

As the custodial parent of:

List the Full Name(s) of your Child(ren):	List Each Child(ren) Birth Dates:

I authorize (Custodian) _____ to provide such matters including but not limited to: In the event of an Emergency or Non-Emergency situation requiring medical treatment. I hereby grant permission for any and all medical and/or dental, psychological and/or psychiatric treatment for the above listed child(ren) welfare. In the event of an accidental injury or illness: this permission includes, but is not limited to the administration of First Aid and the use of an ambulance and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child(ren). It is also my intention and I hereby give permission and direct that my child(ren) , listed above, reside with (Custodian) _____

at (Address) _____.

☐ From _____ to _____

☐ For as long as necessary, beginning on _____

I, _____ am giving this authority to
(Parent)
_____ freely and voluntarily.
(Custodian)

(Print Legal Parent Name of Child)

(Signature of Legal Parent)

(Date)