## **Guardianship Agreement**

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

| l,                                      | ot                          |                                      | ·        |
|---|-----------------------------|--------------------------------------|----------|
| [Insert Parent Name]                    | [Address]                   |                                      |          |
| As the custodial parent of:             |                             |                                      |          |
| List the Full Name(s) of you            |                             | List Each Child(rens) Birth Dates:   |          |
| List the Full Name(s) of you            | ur crind(ren).              | List Each Child (Tens) Birth Dates.  |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
|   |                             | <del> </del>                         |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
| l authorize (Custodian)                 |                             | to provide such matters inclu        | ıding    |
| Tauthonize (custodian)                  |                             | to provide such matters mela         | anig     |
| but not limited to: In the event of a   | n Emergency or Non-E        | Emergency situation requiring med    | dical    |
| treatment. I hereby grant permissio     | on for any and all medi     | ical and/or dental insychological a  | nd/or    |
| treatment. Thereby grant permission     | in for any and an inedi     | icai and/or dental, psychological a  | nu/oi    |
| psychiatric treatment for the above     | listed child(ren) welfa     | are. In the event of an accidental i | njury or |
| illness: this permission includes, but  | t is not limited to the :   | administration of First Aid and the  | use of   |
| illiess. this permission includes, but  | t is not infinited to the a | danninstration of thist Aid and the  | use or   |
| an ambulance and the administration     | on of anesthesia and/o      | or surgery, under the recommend      | ation of |
| qualified medical personnel. I also g   | trant normission for th     | oo guardian(s) named ahove to ma     | ako      |
| qualified friedical personnel. I also g | rant permission for th      | ie guardian(s) named above to ma     | ike      |
| educational decisions for my child(r    | en). It is also my inten    | tion and I hereby give permission    | and      |
| direct that my child(ren) , listed abo  | wo rosido with contralia    | ~\                                   |          |
| direct that my child(rem), listed abo   | ive, reside with (custodia  | n)                                   |          |
| -1                                      |                             |                                      |          |
| at (Address)                            |                             | ·                                    |          |
| _                                       |                             |                                      |          |
| <b>└</b> From                           |                             | to                                   |          |
|   |                             |                                      |          |
| For as long as                          | necessary, beginning        | on                                   |          |
|   |                             |                                      |          |
| I.                                      | am giving this a            | authority to                         |          |
| (Parent)                                |                             |                                      |          |
|   | freely and volun            | tarily.                              |          |
| (Custodian)                             |                             |                                      |          |
|   |                             |                                      |          |
| (Print Legal Parent Name of Child)      | (Sigr                       | nature of Legal Parent)              |          |
|   |                             |                                      |          |
|   |                             |                                      |          |
| (Date)                                  |                             |                                      |          |