PROVISIONAL CUSTODY BY MANDATE

STATE OF LOUISIANA		
PARISH OF		
BE IT KNOWN THAT on this day of, 20, before me, th undersigned notary, and in the presence of the competent witnesses hereinafter named an undersigned, personally came and appeared:		
(affiant's name, marital status, mailing address),		
who is the (parent(s), or, in the event of divorce, separation, or illegitimacy, the natural (co) tutor or tutrix) of		
(minor child(ren))		
who, by these presents make, name, constitute, and appoint,		
(agent's name and mailing address)		
and grant provisional custody of the above named child(ren), to provide for the health, education and welfare of the child as provided by the law on Provisional Custody by Mandate, specifically including the authority to:		
INITIAL ALL APPLICABLE PROVISIONS:		
(1) Consent to and authorize such medical care, treatment, or surgery as may be deemed necessary for the health, safety, and welfare of the child.		
(2) Enroll the child in such schools or educational institutions as may be deemed necessary for his due and proper education.		
(3) Discipline the child in such reasonable manner as may be necessary for his proper rearing, supervision, and training.		
(4) Do and perform all other such acts as may be necessary for the shelter, support, and general welfare of the child.		
This Provisional Custody by Mandate will continue to be effective until, 20, or one year from date hereof, whichever period is shorter.		
I agree that any third party who receives a copy of this document may rely upon the authority granted the agent as indicated herein and may act in reliance on such authority. Revocation or termination by operation of law is not effective as to a third party until he has actual knowledge thereof. I agree to indemnify and hold harmless the third party for any claims that arise against him because of reliance on this Provisional Custody by Mandate.		

The undersigned agent does hereby accept the provisional custody of the children named herein.		
	, state of, in the witnesses, who sign these presents with the the whole.	
WITNESSES:		
Printed Name:	(Parent, Tutor, or Tutrix)	
Printed Name:	(Other parent or Co tutor)	
	(Agent)	
Notary Number:		
My commission expires:	•	