CHILD GUARDIANSHIP AUTHORIZATION

Parents

Parent #1 Name: _____

Address: _____

Parent #2 Name: _____

Address: _____

Child(ren) Details

Child #1 Name: _____ DOB: _____ SSN: _____

Child #2 Name: _____DOB: _____ SSN: _____

Child #3 Name: _____DOB: _____ SSN: _____

Child #4 Name: _____DOB: _____SSN: _____

Designated Guardian

Name: _____

Address: _____

Phone Number: _____

Relationship to Child(ren): _____

Scope of Authority Granted

The designated guardian is authorized to take any and all actions necessary to care for, support, and make decisions for the child(ren), including but not limited to medical, educational, financial, housing, travel, and general welfare matters. This authority remains in effect until the parent(s)/legal guardian(s) are once again able to care for the child(ren) or until this guardianship is revoked in writing.

Activation

This guardianship becomes effective at the time the parent(s) or legal guardian(s) are no longer able to care for the child(ren), whether due to illness, incapacity, absence, or other unforeseen circumstances.

Emergency Contact (not guardian)

Name: _____

Phone: _____ Relationship: _____

Acknowledgments & Legal Effect

This authorization does not transfer permanent custody; it delegates temporary authority only. Parent(s)/legal guardian(s) retain ultimate legal authority and may revoke this document at any time in writing.

Signatures

Parent #1 Printed Name: _____

Signature: _____Date: _____

Parent #2 Printed Name: _____

Signature: _____ Date: _____

Notarization

State of Arkansas, County of GARLAND

On this _____day of _____, 20_____, before me personally appeared _____ and _____, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to this instrument, and acknowledged they executed it for the purposes therein.

Notary Public: _____
My Commission Expires: _____