

# Emergency Legal Guardian Authorization Form

## Child's Information

Full Name:

Date of Birth:

Address:

## Parent(s)/Legal Guardian(s) Information

Name(s):

Phone Number(s):

Email Address(es):

Address:

## Authorized Temporary Guardian

Name:

Relationship to Child:

Phone Number:

Address:

## Authorization Details

Start Date:

End Date:

Specific powers or limitations (if any):

## Medical Information

Allergies or Special Medical Conditions:

Primary Physician Name & Contact:

Insurance Provider & Policy Number:

I/We authorize the above-named temporary guardian to act on our behalf in matters of emergency for the child named above, including obtaining medical care if needed, during the specified dates.

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Parent/Guardian Signature

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Date

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Temporary Guardian Signature

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Date