

Short-term Guardian Appointment Consent Form

Child Information

Child's Full Name

Date of Birth

Parent/Legal Guardian Information

Name

Relationship to Child

Contact Number

Address

Temporary Guardian Information

Name

Relationship to Child

Contact Number

Address

Guardian Appointment Period

Start Date

End Date

Consent

I authorize the above-named individual to act as temporary guardian and provide necessary care, including obtaining emergency medical treatment, for my child during the above period.

Parent/Guardian Signature

Date