

Temporary Legal Guardian Appointment Form

Parent(s)/Legal Guardian(s) Name(s): _____

Child(ren) Name(s) & Date of Birth: _____

Appointment Of Temporary Guardian

I/We hereby appoint _____ as the temporary legal guardian of my/our child(ren) listed above.

Guardian's Address: _____

Guardian's Phone Number: _____

Duration of Guardianship

This appointment is effective from _____ to _____.

Special Instructions (if any)

Authorization

I/We authorize the above-named guardian to act on my/our behalf in making decisions for my/our child(ren), including but not limited to medical care, education, and general welfare, during the dates specified.

Signature of Parent/Guardian

Date

Signature of Temporary Guardian

Date