

# Emergency Guardianship Consent Letter

Date:

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To Whom It May Concern,

I, , parent/legal guardian of , born on , hereby authorize to act as temporary guardian in my absence. This authorization is valid during the period from to .

Temporary Guardian's Information:

Name:

Relationship to child:

Address:

Phone Number:

Child's Information:

Name:

Date of Birth:

Address:

The temporary guardian is authorized to make decisions regarding medical care, school matters, and general welfare for my child during this time.

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Parent/Guardian Signature

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Printed Name

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Date

This consent letter is provided for emergency purposes and will remain in effect for the specified period unless revoked in writing.