

# Emergency Guardianship Authorization

Date:

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I,

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authorize the following individual(s) to act as temporary guardians for my child/children in the event of an emergency:

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Full Name(s) of Child(ren):

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Date(s) of Birth of Child(ren):

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Name(s) of Authorized Guardian(s):

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Contact Information of Authorized Guardian(s):

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Duration of Authorization:

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Special Instructions or Limitations:

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Emergency Contact Information:

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Parent/Legal Guardian Signature

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Date