

Grandparent Guardianship Agreement

Date:

Parties

Grandparent(s) Name(s):

Address:

Phone:

Email:

Parent/Legal Guardian Name(s):

Address:

Phone:

Email:

Child(ren) Information

| Name | Date of Birth | Relationship to Grandparent |
|----------------------|----------------------|-----------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Agreement Details

Effective Date:

Duration of Guardianship:

Specific Powers/Responsibilities Granted:

Medical and Educational Authorization:

Other Terms and Conditions:

Signatures

Grandparent(s) Signature:

Date:

Parent/Legal Guardian Signature:

Date:

Witness Signature (if required):

Date: