

# Short-Term Guardianship Transfer Agreement

Date:

## Child's Information

Full Name:

Date of Birth:

Address:

## Parent(s)/Legal Guardian(s) Information

Full Name(s):

Address:

Phone Number:

## Temporary Guardian(s) Information

Full Name(s):

Address:

Phone Number:

## Guardianship Term

Start Date:

End Date:

## Authorization Details

Specific Powers/Instructions:

## Medical Information

Medical Concerns/Allergies:

Health Insurance Details:

Parent/Legal Guardian Signature:

Date:

Temporary Guardian Signature:

Date:

