

# Special Needs Child Guardianship Appointment Form

Child's Full Name

Date of Birth

Gender

Diagnosis / Special Needs

Current Address

City

State

Zip Code

## Current Guardian Information

Guardian's Full Name

Relationship to Child

Phone

Email

## Appointed Guardian Information

Appointed Guardian's Full Name

Relationship to Child

Phone

Email

Address

## Additional Information

Relevant Medical or Legal Information

## Consent & Signature

Current Guardian's Signature

Date