

# Temporary Legal Guardianship Appointment Consent

**Child Full Name:**

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**Date of Birth:**

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**Address:**

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**Parent(s)/Legal Guardian(s) Full Name(s):**

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**Parent(s)/Legal Guardian(s) Address:**

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**Phone Number(s):**

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**Temporary Legal Guardian(s) Full Name(s):**

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**Temporary Legal Guardian(s) Address:**

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**Phone Number(s):**

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**Period of Appointment:**

**From:**

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**To:**

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**Specific authorities and responsibilities granted:**

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**Additional Instructions/Limitations (if any):**

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\_\_\_\_ Parent/Guardian Signature

Date:

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\_\_\_\_ Parent/Guardian Signature

Date:

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\_\_\_\_ Temporary Legal Guardian Signature

Date:

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