Out-of-State Guardianship Consent Letter

| Date: |
|--|
| To Whom It May Concern, |
| I, , am the parent/legal guardian of , born on . |
| I hereby grant permission for my child named above to travel/temporarily reside with in the state of from to . |
| During this period, I authorize to act as the temporary guardian for my child and make any necessary decisions regarding their health, education, and general welfare. |
| Child's Information |
| Full Name: |
| Date of Birth: |
| Passport/ID Number: |
| Temporary Guardian's Information |
| Full Name: |
| Relationship to Child: |
| Contact Number: |
| Address: |
| Parent/Legal Guardian Signature: |
| Name: |
| Date: |
| Temporary Guardian Signature: |
| Name: |