

Guardianship and Medical Authorization for Minors

In my absence, I appoint _____,
who is 18 years of age or older, to act on my behalf in any and all matters affecting the conduct,
health and well-being of my child

(Child's Name)

Child's Date of Birth: _____ Child's Age: _____

Contact Information:

Parent(s) Name: _____

Home Address: _____

Phone Numbers: Home: (_____) _____ - _____ Work: (_____) _____ - _____

Alternate Phone: (_____) _____ - _____ Cell, Pager, other: _____

Family Doctor: _____

Doctor's Phone: (_____) _____ - _____ Cell, Pager, other: _____

Insurance Carrier: _____ Phone: (_____) _____ - _____

Policy Number: _____

List any and all allergies to food, medication, bees, etc. Include blood type, epileptic condition, prescription medications:

Signature: _____
Parent or Court Appointed Legal Guardian Date

By accepting temporary guardianship, I agree to oversee this child AT ALL TIMES in his or her parent's absence. This includes mealtimes, school breaks and rest and recreation time. I promise to stay with this child until a parent or other LEGAL guardian returns.

Signature: _____
Guardian Signature Date