

Authorization of Temporary Guardianship

**Silver Eagle Group
44620 Guilford Drive, Suite 100
Ashburn VA, 20147
703-723-5173**



The Parent(s)/Guardian(s):

Full Name: _____

Full Name: _____

Address: _____

Phone#: _____

The Temporary Guardian(s):

Full Name: _____

Full Name: _____

Address: _____

Phone#: _____

The Child:

Full Name: _____

Date of Birth: _____

Address: _____

I, the Parent / Guardian of the Child hereby grant temporary guardianship to the Temporary Guardian on the date of _____ to _____.

I hereby acknowledge that the child will attend accompanied by the Temporary Guardian(s) only, the Silver Eagle Group facility located at 44620 Guilford Drive, Ashburn, VA 20147.

I authorize the Temporary Guardian(s) to act on my behalf in making all decisions while at the Silver Eagle Group facility as to the Child's activities.

I hereby acquit the Silver Eagle Group of any and all liabilities associated with the Child during their visit to the Silver Eagle Group facility.

I declare that I am the legal custodian of the Child and that I have legal authority to appoint a Temporary Guardian(s) for the Child.

Signature: _____ Parent / Guardian

Signature: _____ Parent / Guardian

Signature: _____ Temporary / Guardian

Signature: _____ Temporary / Guardian

Date: _____