

## Temporary Guardianship Agreement

I, \_\_\_\_\_, of \_\_\_\_\_  
(print your full name) (list your street address)  
\_\_\_\_\_, as the custodial parent of:  
(city, state, zip)

List the Full Names of Each of Your Children	List Each Child's Birth Date

do hereby grant temporary custody of the above listed children to:

List the Full Names of the Individual(s) to Whom You are Granting Temporary Custody	List Each Person's Relationship to the Children

Mr./Ms./Mrs. \_\_\_\_\_'s current address is  
\_\_\_\_\_.

**Statement of Consent:** *(To be signed in the presence of a legalized notary public.)*

I, \_\_\_\_\_, hereby grant temporary custody of the above children,  
whom I have legal custody of, to \_\_\_\_\_:

- ☐ From \_\_\_\_\_ to \_\_\_\_\_.
- ☐ For as long as necessary, beginning on \_\_\_\_\_.

*In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Notarization:

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(date) (month) (year) (name of parent)

personally appeared before me in \_\_\_\_\_ County (in the state of \_\_\_\_\_) and, in my presence, signed this Temporary Guardianship form.

Name of Notary Official: \_\_\_\_\_

Signature: \_\_\_\_\_

Commission Expires: \_\_\_\_\_