



LETTER OF GUARDIANSHIP

BEFORE ME, the undersigned authority, personally came and appeared:

_____ who did say
(Parent Name)

that they are the parent of _____ who is a minor. They do
(Child's Name)

hereby give permission to _____ commencing on
(Guardian Name)

_____ and ending _____
(Beginning Date) (Ending Date)

to have full rights of guardianship, including such matters as to authorize medical treatment of any necessary nature, sign documents of any type, obtain lodging and do all things that I as a parent and/or legal guardian may do.

Parent Signature

MUST BE NOTARIZED

STATE OF: _____

COUNTY OF: _____

Before me, a Notary Public, in and for said County and State, personally appeared _____ who acknowledged the execution of the foregoing, and who, having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notarial Seal this ____ day of _____ 20__ .

Signature

Printed

My Commission Expires