AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR
Please Print Legibly

Student (Child) Name:

Full Legal Name: _____

Date of Birth: _____/_____/_____ Age: _____ Gender: _____

Parent(s)/<u>Legal</u> (Not Temporary) Guardian(s):

Parent #1 Name: _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Contact Information: _____

Parent #2 Name (if applicable): _____

Address: _____

_____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Additional Contact Information: _____

Temporary Guardian(s):

Temporary Guardian #1 Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Additional Contact Information: _____

Temporary Guardian #2 Name (if applicable): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Additional Contact Information: _____

Emergency Contact in Northern Virginia:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Additional Contact Information: _____

The following is to be completed by the student's parent(s) or legal guardian(s):

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)

1. I hereby declare that I have legal custody of the above named child.

2. I hereby grant my full permission and consent for the temporary guardians to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.

3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational well being and extracurricular/recreational activities while enrolled at this school..

4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

5. This authorization is effective beginning on _____ and ending on
month/day/year
_____.
month/day/year

6. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the law, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's Signature: _____ Date: _____

Parent 2's Signature: _____ Date: _____

The following is to be completed by the Temporary Guardian while in the presence of a Notary Public. Do not sign this document until identification is presented to the Notary Public and you are instructed to do so.

CONSENT OF TEMPORARY GUARDIAN

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1's Signature: _____ Date: _____

Print Name: _____

Temporary Guardian 2's Signature: _____ Date: _____

Print Name: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF _____

COUNTY OF _____

This document was acknowledged before me on _____ [*date*] by

_____ [*name of principal*].

[*Notary Seal, if any*]:

_____
(Signature of Notarial Officer)

Notary Public for the State of _____

My Commission Expires: _____