

Authorization of Temporary Guardianship:

I, _____ (parent's name) the Parent of _____
(child's name) hereby grant temporary guardianship to _____
(guardian's name) for the period from the _____ day of _____ 20____ and expiring
on the _____ day of _____ 20_____.

I also approve of my Child participating in the _____ (event name) on
_____ (date). I authorize the Temporary Guardian to act on my behalf in making all
decisions on a daily basis as to the Child's activities.

SIGNATURE _____

DATE _____

Please attach copy of PARENT ID with signature:

Example of ID w/ Signature.
Can be included in separate
document.



PARENT INFORMATION

Full Name: _____

Phone: _____

Email: _____

TEMPORARY GUARDIAN

Full Name: _____

Phone: _____

Email: _____

CHILD INFORMATION

Full Name: _____