

TEMPORARY GUARDIANSHIP AGREEMENT

I. IDENTIFICATION OF PARTIES

PARENT(S)/LEGAL GUARDIAN(S):

I, _____ (Print Full Name)

Residing at: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Relationship to Child(ren): ☐ Mother ☐ Father ☐ Legal Guardian

TEMPORARY GUARDIAN:

Do hereby grant temporary guardianship to:

Full Name: _____

Residing at: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Relationship to Child(ren): _____

II. CHILD(REN) INFORMATION

As the custodial parent or legal guardian of the following minor child(ren):

Full Name of Child	Date of Birth	Age

III. GRANT OF TEMPORARY GUARDIANSHIP

Statement of Consent:

The Parent(s)/Legal Guardian(s) hereby voluntarily grant temporary guardianship of the above-named child(ren) to the Temporary Guardian(s) listed in Section I. The Parent(s)/Legal Guardian(s) understand that this grant of temporary guardianship is conditional upon the Temporary Guardian(s) accepting such responsibility and caring for the child(ren) according to this Agreement and applicable state and federal laws.

IV. DURATION OF GUARDIANSHIP

This Temporary Guardianship Agreement shall be effective:

From: _____ (Start Date)

To: _____ (End Date)

☐ Or until further notice from the Parent/Legal Guardian

Maximum Duration: This agreement shall not exceed six (6) months from the start date unless renewed.

V. AUTHORITY GRANTED

The Temporary Guardian is hereby granted the following authority and responsibilities:

A. Medical Care and Treatment

☐ **FULL AUTHORITY** - The Temporary Guardian may consent to all medical, dental, and mental health treatment for the child(ren), including but not limited to:

- Routine medical and dental examinations
- Emergency medical treatment
- Surgical procedures
- Prescription medications
- Vaccinations and immunizations
- Hospital admissions
- X-rays, laboratory tests, and diagnostic procedures
- Mental health counseling or therapy

Medical Insurance Information:

- Insurance Provider: _____
- Policy Number: _____
- Group Number: _____

Primary Care Physician:

- Name: _____
- Phone: _____
- Address: _____

Known Allergies/Medical Conditions: _____

B. Educational Decisions

☐ **FULL AUTHORITY** - The Temporary Guardian may make decisions regarding the child(ren)'s education, including:

- Enrolling the child(ren) in school or educational programs
- Attending parent-teacher conferences

- Signing permission slips for field trips and school activities
- Accessing educational records
- Making decisions regarding tutoring or special education services
- Participating in extracurricular activities

Current School Information:

- School Name: _____
- Grade: _____
- Teacher: _____

C. Daily Care and Welfare

☐ **FULL AUTHORITY** - The Temporary Guardian shall provide for the child(ren)'s daily needs, including:

- Food, clothing, and shelter
- Personal hygiene and grooming
- Recreation and entertainment
- Transportation
- Discipline (consistent with the Parent's values)
- Religious activities (if applicable)
- Supervision and protection

D. Financial Matters

☐ The Temporary Guardian may access financial resources for the child(ren)'s care:

- Maximum spending limit: \$_____ per month
- Source of funds: _____

VI. RESTRICTIONS AND LIMITATIONS

The Temporary Guardian **SHALL NOT** have authority to:

☐ Consent to the child's marriage ☐ Consent to the child's adoption ☐ Consent to the termination of parental rights ☐ Change the child's permanent residence without written consent ☐ Make major irreversible medical decisions without consulting the Parent (if possible) ☐ Enter into contracts on behalf of the child ☐ Other restrictions:

VII. PARENTAL RIGHTS

This agreement **DOES NOT** terminate or diminish the parental rights of the Parent/Legal Guardian. The Parent/Legal Guardian:

- Retains full legal custody and parental rights

- May visit the child(ren) at reasonable times
- May communicate with the child(ren) regularly
- May terminate this agreement at any time by providing written notice
- Remains ultimately responsible for the child(ren)'s welfare

Visitation/Communication Schedule:

VIII. EMERGENCY CONTACTS

In case of emergency, the Temporary Guardian should contact:

Primary Contact (Parent/Guardian):

Name: _____
 Phone: _____
 Alternate Phone: _____

Secondary Contact:

Name: _____
 Relationship: _____
 Phone: _____

Additional Contact:

Name: _____
 Relationship: _____
 Phone: _____

IX. SPECIAL INSTRUCTIONS

Dietary Restrictions: _____

Bedtime/Routine: _____

Behavioral/Discipline Guidelines: _____

Medications (if any): _____

Other Important Information: _____

X. REVOCATION

The Parent/Legal Guardian may revoke this Temporary Guardianship Agreement at any time by:

1. Providing written notice to the Temporary Guardian
2. Physically resuming custody of the child(ren)

Upon revocation, the Temporary Guardian must immediately return the child(ren) to the Parent/Legal Guardian.

XI. GOVERNING LAW

This agreement shall be governed by and construed in accordance with the laws of the State of:

State: _____

County: _____

XII. ACKNOWLEDGMENT AND CONSENT

Parent/Legal Guardian Signature

I hereby affirm that I have the legal authority to grant this temporary guardianship and that all information provided is true and accurate to the best of my knowledge.

Signature: _____

Printed Name: _____

Date: _____

Second Parent/Legal Guardian (if applicable)

Signature: _____

Printed Name: _____

Date: _____

Temporary Guardian Acceptance

I hereby accept the responsibilities of temporary guardian for the above-named child(ren) and agree to act in the best interests of the child(ren) at all times. I understand the authority granted to me and the limitations of this arrangement.

Signature: _____

Printed Name: _____

Date: _____

XIII. NOTARIZATION

STATE OF _____

COUNTY OF _____

On this _____ day of _____, **20**____, before me, a Notary Public, personally appeared:

Parent/Guardian: _____

Second Parent/Guardian: _____

Temporary Guardian: _____

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

[NOTARY SEAL]
