

TEMPORARY GUARDIANSHIP AGREEMENT

I. Parent and Minor Information.

I/We _____ [Name(s) of Custodial Parent #1 and Custodial/Non Custodial Parent #2], with a permanent address at _____, [and at _____] / am/are the parent(s) of the following child(ren):

Name of each Child	Date of Birth of each Child.

Please check the following box if it applies:

☐ _____ [Custodial/Non Custodial Parent #2] parental rights have not been terminated by a court order.

II. Temporary Guardian Information.

I/We, _____ [Name(s) of Custodial Parent(s)], grant Temporary Guardianship of the child(ren) listed above to _____ [Name of Person granted Temporary Guardianship]. I/We trust _____ [Name of Person granted Temporary Guardianship] to be a person of complete trust and able to provide competent care for the child(ren).

III. Authorities Granted to the Temporary Guardian.

I/We _____ [Name(s) of Custodial Parent #1 and Custodial/Non Custodial Parent #2] grant the above named Temporary Guardian the following authorities in the care of the child(ren) herein mentioned:

- ☐ Seek appropriate medical treatment or attention.
- ☐ Make emergency health care decisions.
- ☐ Explain absences from school.
- ☐ Pick up children from school.
- ☐ Other powers: _____.

IV. Sleeping Arrangments.

Please describe in the following lines the sleeping arrangements that the Temporary Guardian should comply with:

V. Travel Conditions.

Please describe in the following lines the travel conditions that the Temporary Guardian should comply with:

VI. Effectiveness.

This Temporary Guardianship Agreement shall be on _____ **[Begin Date]** and shall continue until _____ **[End Date/Specific Event]**.

VII. Parental Acknowledgement.

IN WITNESS WHEREOF, I have signed this Temporary Guardianship Agreement on _____ **[Date of Signature]**.

By: _____ **[Name(s) of Custodian Parent #1]** Date: _____

By: _____ **[Name of Custodian/Non-Custodian Parent #2]** Date: _____

VIII. Temporary Guardian Acknowledgment.

I, _____ **[Name of Person granted Temporary Guardianship]**, accept this appointment as a Temporary Guardian and agree to comply with the terms of this agreement and to abide by all laws and regulations in carrying out this appointment.

By: _____ **[Name of Temporary Guardian]** Date: _____

IX. Notarization.

If you want this document to be notarized for it to be valid you should check the applicable box.

- ☐ I want this document to be notarized for it to be valid.
- ☐ This document shall not have to be notarized for it to be valid.

NOTARY ACKNOWLEDGMENT

State of _____
County of _____

On _____, 20____ before me, _____ (name and title of officer), personally appeared _____, 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 she/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.

Signature _____

(Seal)

Print Name _____