

Guardianship Authorization

MINOR

Name: _____
Birthdate: _____ Age: _____ Year in School: _____

MOTHER

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

FATHER

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

PROPOSED GUARDIAN(S)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

PROPOSED SUCCESSOR GUARDIAN(S)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____

Authorization and Consent of Parent(s)

1. I affirm that the minor indicated above is my child and that I have legal custody of her/him. I give my full authorization and consent for my child to live with the proposed guardian(s), or for the proposed guardian to set a place of residence for my child.
2. I give the proposed guardian permission to act in my place and to make decisions pertaining to my child's educational and religious activities, including, but not limited to enrollment, permission to participate in activities and consent for medical treatment at school.

3. I give the proposed guardian permission to authorize medical and dental care for my child, including, but not limited to, medical examinations, X-rays, tests, anesthetic, surgical operations, hospital care or other treatments that, in the proposed guardian's sole opinion, are needed or useful for my child. Such medical treatment shall only be provided upon the advice of, and supervision by, a physician, surgeon or dentist or other medical practitioner licensed to practice in the United States.
4. I give the proposed guardian permission to apply for benefits on my child's behalf, including, but not limited to, Social Security, public assistance, health insurance, and Veterans' Administration benefits.
5. I give the proposed guardian permission to apply and obtain for my child any or all of the following: Social Security number, Social Security card, and U.S. passport.
6. This authorization shall cover the period from when I become unable to provide for the care of my minor child(ren) to when I am able to resume the care of my minor child(ren).
7. During the period when the proposed guardian cares for my child, the costs of my child's upkeep, living expenses, medical and dental expenses shall be paid as follows:

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____

Consent of Proposed Guardian(s)

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, medical and/or dental expenses set forth in the above Authorization and Consent of Parent(s).

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Proposed Guardian's signature: _____
Date: _____

Consent of Proposed Guardian(s)

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, medical and/or dental expenses set forth in the above Authorization and Consent of Parent(s).

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Proposed Guardian's signature: _____
Date: _____

Consent of Proposed Successor Guardian(s)

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, medical and/or dental expenses set forth in the above Authorization and Consent of Parent(s).

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Proposed Successor Guardian's signature: _____
Date: _____

Consent of Proposed Successor Guardian(s)

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization and Consent by Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, medical and/or dental expenses set forth in the above Authorization and Consent of Parent(s).

I declare under penalty of perjury under the laws of the State of _____ that the foregoing is true and correct.

Proposed Successor Guardian's signature: _____
Date: _____

ADDITIONAL INFORMATION

Child: _____ Nickname(s): _____

Date of birth ___/___/___ and last Tetanus Booster ___/___/___ for the above named child.

The following is a list of known allergies and allergies to medications of the above named child:

The above named child has the following known medical conditions or problems:

The above named child is currently prescribed the following prescriptions medications at the following frequencies and other instructions: _____

Family Physician: _____ Phone Number: _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____; (W) _____; (Other) _____

Person Responsible for charges: _____

Address: _____

City/State/Zip: _____

Phone: (H) _____; (W) _____; (Other) _____

Other Person to notify if parent/guardian is unavailable: _____

Phone: (H) _____; (W) _____; (Other) _____

Insurance Company: _____ Policy or Group Number: _____

Signature of Financial Guarantor (required if different from parent/guardian): _____

Date: _____

Print and complete one sheet per child