

State of _____

TEMPORARY GUARDIANSHIP AGREEMENT

I. Parent and Minor Information

I, _____ [Name of Parent or Legal Guardian], am the parent guardian of
_____ [Minor child(ren) name(s)]. I reside at
_____ [Address]. I appoint _____,
(who is the _____ [Relationship to the minor child] of my child), of
_____ [Address], as temporary guardian for the minor
child(ren) listed below:

- _____ [Minor child name], _____, 20__ [Date of Birth]
- _____ [Minor child name], _____, 20__ [Date of Birth]
- _____ [Minor child name], _____, 20__ [Date of Birth]

(If the Temporary Guardian is unable or unwilling to act, I appoint _____ of
_____ [Address] as successor Temporary Guardian.)

II. Authority of the Temporary Guardian

During the effective period of this Temporary Guardianship Agreement, I grant the Temporary Guardian authority to care for the minor child(ren) listed above, including the following powers (check all that apply):



- Enroll my child(ren) in school and consent to participate in other school or extracurricular activities.
- Have access to my child(ren)'s educational records.
- Make any decisions regarding my child(ren)'s education.
- Have access to and view my child(ren)'s medical records.
- Secure medical treatment and make any medical, dental, or mental health care decisions for my child(ren).
- Provide for my child(ren)'s daily care, including food, lodging, shelter, recreation, and transportation.
- Travel with my child(ren) domestically.
- Travel with my child(ren) internationally (to _____ [Name of country] from _____ [Beginning date of travel] to _____ [End date of travel]).
- Execute any documents necessary or proper for the needs of my child(ren).
- Other: _____

III. Limitations on the Temporary Guardian's Authority

The Temporary Guardian does not have the authority to:

- Consent to the marriage or adoption of my child(ren).
- Manage, transfer, or sell the real estate or personal property owned by my child(ren)
- Other: _____

IV. Special Instructions (OPTIONAL)

The parent or legal guardian may provide additional instructions or limitations regarding the care of the child(ren) below:

V. Effective Period

This Temporary Guardianship Agreement becomes effective: immediately on _____, 20__.



VI. Termination

This Temporary Guardianship Agreement will end on _____, 20__.

It may be revoked at any time in writing by the parent or legal guardian and does not permanently transfer parental rights.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Signature of Parent or Guardian

Date

Name Printed

Address

Telephone Number

Email Address



TEMPORARY GUARDIAN ACKNOWLEDGMENT

I, _____ [Name of Temporary Guardian], accept appointment as Temporary Guardian for the minor child(ren) named in this Temporary Guardianship Agreement. I agree to carry out the responsibilities granted to me under this agreement and to act in the best interests of the child(ren) during the effective period of this agreement.

SIGNATURE OF TEMPORARY GUARDIAN

Guardian's Signature: _____

Date: _____

Guardian's Name Printed:

Guardian's Address:

Guardian's Telephone Number:



NOTARY ACKNOWLEDGEMENT (OPTIONAL)

State/Commonwealth of _____

County of _____

On this ____ day of _____, 20____, before me, _____, personally appeared _____ [Name of Parent or Legal Guardian], personally known to me or who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this Temporary Guardianship Agreement and acknowledged to me that he/she executed the same.

Signature of Notary

(Seal, if any)

My commission expires: _____

