**AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR**

**Please Print Legibly**

***Student (Child) Name:***

Full Legal Name:

Date of Birth: / /

Age:

Gender:

***Parent(s)/Legal (Not Temporary) Guardian(s):***

**Parent #1 Name:**

Address:

Home Phone: \_\_

Cell Phone:

Email Address:

Additional Contact Information:

**Parent #2 Name (if applicable):**

Address:

Home Phone: \_\_

Cell Phone:

Email Address:

Additional Contact Information:

***Temporary Guardian(s):***

**Temporary Guardian #1 Name:**

Address:

Home Phone: \_\_

Work Phone:

Cell Phone: Email Address:

Additional Contact Information:

**Temporary Guardian #2 Name (if applicable):**

Address:

Home Phone: \_\_

Work Phone:

Cell Phone: Email Address:

Additional Contact Information:

***Emergency Contact in Northern Virginia:***

Name:

Address:

Home Phone: \_\_

Work Phone:

Cell Phone: Email Address:

Additional Contact Information:

The following is to be completed by the student’s parent(s) or legal guardian(s):

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

1. I hereby declare that I have legal custody of the above named child.

2. I hereby grant my full permission and consent for the temporary guardians to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.

3. I hereby grant the temporary guardian my full authorization to make all decisions related to my child’s educational well being and extracurricular/recreational activities while enrolled at this school..

4. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

5. This authorization is effective beginning on and ending on

month/day/year

. month/day/year

6. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

Under penalty of perjury under the law, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1’s Signature: \_\_ Date:

Parent 2’s Signature: \_\_ Date:

The following is to be completed by the Temporary Guardian while in the presence of a Notary Public. Do not sign this document until identification is presented to the Notary Public and you are instructed to do so.

**CONSENT OF TEMPORARY GUARDIAN**

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of , I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1’s Signature: \_\_ Date:

Print Name:

Temporary Guardian 2’s Signature: Date:

Print Name:

**CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC**

STATE OF

COUNTY OF

This document was acknowledged before me on [*date*] by

[*name of principal*].

[*Notary Seal, if any*]:

(Signature of Notarial Officer)

Notary Public for the State of

My Commission Expires: