**Authorization of Temporary Guardianship**

**The Parent(s)/Guardian(s):**

Full Name: Full Name: Address:

 \_\_\_\_\_\_\_\_\_

Phone#:

**The Temporary Guardian(s):**

Full Name: Full Name: Address:

 \_\_\_\_\_\_\_\_\_

Phone#:

**The Child:**

Full Name: Date of Birth

Address:

 \_\_\_\_\_\_\_\_\_

I, the Parent / Guardian of the Child hereby grant temporary guardianship to the Temporary Guardian on the date of to .

I hereby acknowledge that the child will attend accompanied by the Temporary Guardian(s) only, the Silver Eagle Group facility located at 21550 Beaumeade Circle, Ashburn, VA 20147.

I authorize the Temporary Guardian(s) to act on my behalf in making all decisions while at Silver Eagle Group facility as to the Child’s activities.

*I hereby acquit the Silver Eagle Group of any and all liabilities associated with the Child during their visit to the Silver Eagle Group facility.*

I declare that I am the legal custodian of the Child and that I have legal authority to appoint a Temporary Guardian(s) for the Child.

Signature: Parent / Guardian

Signature: Parent / Guardian

Signature: Temporary / Guardian

Signature: Temporary / Guardian

Date: