

EDUCATIONAL GUARDIANSHIP

I, _____, of _____,
(Print your full name) (street)
_____, as the custodian parent of:
(city, state, zip)

List the full names of each child	List each child's birth date

Do hereby grant temporary educational guardianship of the above listed children to:

List the full names of the individual(s) to whom you are granting temporary custody	List each person's relationship to the child(ren)

Contact information of temporary guardianships listed above:

Address: _____

Phone numbers: _____

Statement of Consent: (to be signed in presence of a legalized notary public.)

I, _____, hereby grant temporary educational guardianship of the above children, whom I have, legal custody of to _____.

From _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

For as long as necessary, beginning on _____
(mm/dd/yyyy)

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____,
(date) (month) (year) (name of parent)

Personally appeared before me in _____ (city), _____ (state) and, in my presence, has/have satisfactorily identified him/her/themselves as the signer(s) of the Temporary Educational Guardianship form.

Name of Notary Official: _____

Signature: _____ Commission Expires: _____