
Homeschoolers In Service
Temporary Guardianship 2018/2019
homeschoolersinservice.com

Authorization for Temporary Guardianship of a Minor

Children's Information

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Full Legal Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Doctor's Information

Doctor's Name: _____

Doctor's Address: _____

Doctor's Office Phone: _____ Doctor's Emergency Phone: _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Allergies (Other): _____

If applicable, please note the conditions for which the child is currently receiving treatment:

Note any other significant medical information:

Dentist's Information:

Dentist's Name: _____
Dentist's Address: _____
Dentist's Office Phone: _____ Dentist's Emergency Phone: _____
Dentist's Insurer/Health Plan: _____ Policy #: _____

Parent(s)/Legal Guardian(s):

Parent #1:

Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Additional Contact Information: _____

Parent #2:

Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Additional Contact Information: _____

Temporary Guardian(s):

Temporary Guardian #1:

Name: _____
Address: _____
Home phone: _____ Work phone: _____
Cell phone: _____ Email: _____
Additional Contact Information: _____

Temporary Guardian #2:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Additional Contact Information: _____

Emergency Contact:

Name: _____

Address: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email: _____

Additional Contact Information: _____

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 the temporary guardian my full authorization to make all decisions related to my child’s participation at the HOMESCHOOLERS IN SERVICE homeschool coop.
3. 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 participant 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.
4. This authorization is effective commencing on the 11th day of September 2018 and expiring on the 7th day of May 2019.
5. 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.
6. Under penalty of perjury under the laws of the state of Missouri, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1 signature: _____ Date: _____

Parent 2 signature: _____ Date: _____

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 Missouri, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1 signature: _____ Date: _____

Temporary Guardian 2 signature: _____ Date: _____

Witness Signature _____ Date: _____