



Kidz • New Faces • Young Adults

Guardianship and Medical Authorization for Minors

In my absence, I appoint _____
who is 18 years of age or older, to act on my behalf in any and all matters affecting the
conduct, health, and well-being of my child.

(Child's Name)

(Date of Birth)

(Age)

CONTACT INFORMATION:

Parent(s) Name: _____

Home Address: _____

Home Phone: _____

Alt Phone: _____

Family Doctor: _____

Dr. Phone: _____

Insurance Carrier: _____

Policy #: _____

List any and all allergies to food, medication, bees, etc. Blood type, epileptic condition,
prescription medications:

Signature: _____

Parent or Court Appointed Legal Guardian

Date

By accepting temporary guardianship, I agree to oversee this child AT ALL TIMES in
his or her parent's absence. This includes mealtimes, school breaks and rest and
recreation time. I promise to stay with this child until a parent or other legal guardian
returns.

Signature: _____

Guardian Signature

Date

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