



## Temporary Parental Power of Attorney Form

I \_\_\_\_\_, the guardian of \_\_\_\_\_  
*(name of minor/child)*

have temporarily given the guardianship of said child to: \_\_\_\_\_  
*(name of guardian/guardians)*

The named guardian(s) have full authority to sign and approve any medical care that the above mentioned child may require during our absence.

Our phone number and address, should notification be necessary, is as follows:

Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

This release is effective from: \_\_\_\_\_ to \_\_\_\_\_  
*(date)* *(date)*

Important medical information for my child:

Allergies: \_\_\_\_\_

Known medical illnesses: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Telephone number of family physician: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_