



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: _____