

Temporary Guardianship Agreement

Date: _____

I, _____, and _____
(Mother, Father, Parent. Full Name) (Mother, Father, Parent. Full Name)

of _____

(Full name, street, city, state zip) , as the custodial parent of:

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

Do hereby grant temporary guardianship during any period of my absence or incapacity 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 guardians listed above:

Address: _____

Phone numbers: _____

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

I, _____, and _____
(Mother, Father, Parent. Full Name) (Mother, Father, Parent. Full Name)

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

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

I _____ willingly accept the temporary legal guardianship of the children listed above.

This temporary delegation of authority shall immediately become effective and remain in force upon the occurrence of any of the following events, should I/we

_____, _____
Full name of Mother/Father Full name of Mother/Father

be unable to care for the minor child(ren) listed above due to:

_____ **Absence:** During any pre-planned or unforeseen period of my physical absence from the minor child(ren).

_____ **Incapacity:** Should I suffer from any physical or mental illness, injury, or other condition that renders me temporarily or permanently incapacitated or unable to make decisions concerning the care, custody, or property of the minor child(ren).

_____ **Detention by Immigration:** If I am detained, taken into custody, or held by any federal, state, or local immigration authority, or any other law enforcement agency.

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: _____
(Parent Signature)

Signature: _____ Date: _____
(Parent Signature)

Signature: _____ Date: _____
(Temporary Guardian)

Signature: _____ Date: _____
(Temporary Guardian)

Signature: _____ Date: _____
(Minor child if 14 years old or older)

Notarization:

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Name(s) of Principal(s)

Date: _____

(Official Seal)

Official Signature of Notary

_____, Notary Public
Notary's Printed or Typed Name

My Commission Expires: _____