

TEMPORARY GUARDIANSHIP AFFIDAVIT

I/We, _____

(Parent/s name/s)

residing at _____

(Parent's address in home country)

Declare that I/we are the **PARENT/S** of the minor child/children listed below:

Name

Date of Birth

Gender

CAUSE FOR TEMPORARY GUARDIANSHIP

In order to care properly for _____,

(Student/s name/s)

(Temporary guardians' name/s)

will ensure the nutrition, health, shelter, and physical safety of the student.

I/we hereby appoint and duly authorize _____

(Temporary guardians' name/s)

residing at _____

(Temporary Guardians' address)

to exercise any and all rights and responsibilities, and to perform any and all acts deemed necessary

and appropriate for a temporary Guardian of a minor child or children including the following:

HEALTH AND EMERGENCY MEDICAL CARE

- To make any and all health care decisions
- To inspect or disclose any information relating to physical or mental health of the minor child or children listed above
- To sign documents, waivers and releases which may be required by a hospital or physician
- To authorize minor child or children's admission to or discharge from any hospital, emergency care unit or other medical care facility (including transfer from one facility to another)
- To participate in or authorize consultations with any provider of health care
- To consent to the provision, withholding, modification or withdrawal of any health care or procedure

EDUCATION

- To keep the minor child/children enrolled at Memorial Hall School
- To provide transportation to and from said institution and to any after-school activities
- To obtain access to minor child or children’s academic records
- To authorize minor child or children’s participation in school or extracurricular activities
- To make any and all other travel decisions related to the minor child or children’s education

TRAVEL

- To make travel arrangements on behalf of the minor child or children for destinations both inside and outside of the United States by air or ground transportation
- To accompany the minor child or children on any trips
- To make any and all related arrangements on behalf of the minor child or children, including but not limited to, hotel accommodations

I hereby declare and certify that the following statements are accurate to the best of my knowledge:

- That there are no court orders currently in effect that would prohibit me from exercising or conferring the aforementioned rights and authority upon the herein named Temporary Guardian. (In the event that the Authorizing Party is a court appointed legal guardian or custodian of the aforementioned minor child or children, then a copy of said court order for such appointed should be attached hereto.)
- That I freely and knowingly confer the abovementioned rights and responsibilities in order to provide for the minor child or children and not as a result of pressure, threats or payment by any person or agency.
- In the event that I wish to amend or revoke this affidavit, I will provide a copy of the amended affidavit or revocation to all parties to whom I provided a copy of the original affidavit

Temporary Guardianship shall become effective on (date)_____ and shall remain in full force and effect until _____, or until such time as I, as the appointing parent/legal guardian, notify the designated temporary guardian in writing that this document will be amended or revoked in a minimum of 30 days.

BE IT KNOWN, under the penalty of perjury, I hereby affirm that the above statements are true and correct to the best of my knowledge.

SIGNATURE of Parents/Appointing Legal Guardians

(Parent Name)

(Parent Name)

Date _____

WITNESSES TO AUTHORIZING PARTY SIGNATURE

(To be signed by persons over the age of 18 who are not the designated guardian/agent)

Witness #1 Signature

Witness #2 Signature

Printed Name

Printed Name

Street Address

Street Address

City, State, Zip Code

City. State. Zip Code

Telephone

Telephone

NOTARIZATION OF AUTHORIZING PARTY'S SIGNATURE

On this date, _____, before me, the undersigned notary public,

_____ and _____ personally appeared, and provided satisfactory evidence of identification (Driver's license, Passport, etc.), to be the person whose name is signed on the preceding document, and swore under the penalty of perjury that the foregoing statements are true.

Notary Signature: _____

My Commission Expires _____

NOTARY SEAL

TEMPORARY GUARDIAN ACKNOWLEDGEMENT

I/We, _____,
(Temporary guardian/s' name/s)

declare that I am a least 18 years of age. I/we understand that I/we may, without obtaining further consent from a parent, legal custodian, or legal guardian of the minor child or children, exercise concurrent power relative to the minor child or children. However, I/we may not knowingly make a decision that conflicts with the decisions of the minor child or children's parents, legal guardians, or legal custodians.

I/We understand that, if the affidavit is amended or revoked, I/We must provide the amended affidavit or revocation to all parties to whom I/we have provided this affidavit prior to further exercising any rights or responsibilities under the affidavit.

Under penalty of perjury, I/we hereby affirm that the above statements are true and correct to the best of my knowledge.

Signature

Date

Printed Name of Temporary Guardian

Telephone

Signature

Date

Printed Name of Temporary Guardian

Telephone

WITNESSES TO TEMPORARY GUARDIAN/S' SIGNATURE/S

(To be signed by persons over the age of 18 who are not the designated guardian/agent)

Witness #1 Signature

Witness #2 Signature

Printed Name

Printed Name

Street Address

Street Address

City, State, Zip Code

City. State. Zip Code

Telephone

Telephone

NOTARIZATION OF TEMPORARY GUARDIAN/S' SIGNATURE/S

STATE OF TEXAS

COUNTY OF HARRIS

On this date, _____, before me, the undersigned notary public,

_____ and _____ personally appeared, and provided satisfactory evidence of identification (Driver's license, Passport, etc.), to be the person whose name is signed on the preceding document, and swore under the penalty of perjury that the foregoing statements are true.

Notary Signature: _____

My Commission Expires _____

NOTARY SEAL