

We, _____ (father) and _____ (mother), the parents of
_____ (name of minor child)

Have temporarily given the guardianship of said child to:

_____ (name of guardian(s))

The named guardians have the full authority to sign and approve any emergency medical care that the above mentioned child may require during our absence.

Our home address and phone number, should notification be necessary because of serious illness, is as follows:

_____ (Name)

_____ (Address)

_____ (City, State, Zip Code)

_____ (Phone Number with Area Code)

This release is effective from _____ to _____.
Date Date

IMPORTANT INFORMATION REGARDING CHILD:

Allergies: _____

Known Medical Illness: _____

Medication Currently Taking: _____

Signature of Mother: _____ Date: _____

Signature of Father: _____ Date: _____