

TEMPORARY GUARDIANSHIP DESIGNATION

NOTE: The parent's address determines the school district a student attends. Parents not residing in the Warroad School District will be required to complete an Open Enrollment Form.

I, _____, do hereby appoint _____		
Parent/Designator Full Name - Print		Temporary Custodian's Full Name - Print
As the temporary custodian of:		
Child's Name	Birth Date	Name of School Student will Attend

PARENT/DESIGNATOR - It is my intention and understanding that I retain full parental rights and retain the authority to revoke this arrangement at any time if I so choose. This designation shall be effective immediately and shall remain in effect until the school is notified by phone or in writing by the parent/designator of any changes to this designation. I understand that the child listed above will reside with the person named as Temporary Custodian and that he/she has permission to enroll the student in school and to have full communication with the school regarding their academics and other educational information.

This designation must be signed in the presence of 2 witnesses who are at least 18 years old and not otherwise named in this designation.

Name of Parent/Designator	____ (____)	Phone	
Address of Parent/Designator	City	State	Zip
Signature of Parent/Designator	Date		
Signature of Witness #1	Date	Signature of Witness #2	Date

OTHER PARENT INFORMATION -

_____ is the other parent of _____.

Name of Other Parent - Print	Child's Name
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The Other Parent's Address is:

____ Same as Parent/Designator above

____ Other parent consents to this designation and their address is below

Other Parent's Address	City	State	Zip
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____ Whereabouts are unknown

____ Other parent is unable to make and carry out day-to-day decisions concerning the child

____ Parental rights have been terminated

____ Other parent has passed away

TEMPORARY CUSTODIAN - By signing this designation below, I hereby accept my nomination as temporary custodian of the child listed above. I understand that my responsibilities toward the child will become effective upon the date this designation is signed.

Name of Temporary Custodian (Print)	____ (____)	Phone	
Address of Temporary Custodian	City	State	Zip
Signature of Temporary Custodian	Date		

Temporary Guardianship Agreement

I, _____, of _____
(print your full name) (street)

_____, as the custodial parent of:
(city, state, zip)

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

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

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

☐ For as long as necessary, beginning on _____
(mm/dd/yyyy)

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: _____

Signature: _____ Date: _____

Notarization:

On this _____ day of _____, _____, _____ personally appeared before me in
(date) (month) (year) (name of parent)

_____, _____ and, in my presence, has/have satisfactorily identified him/her/themselves as the signer(s) of this
(city) (state)
Temporary Guardianship Form.

Affix Notary Seal Here

Name of Notary Official: _____

Signature: _____

Commission Expires: _____