

# Homeschoolers In Service Temporary Guardianship 2020/2021

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## AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF MINOR

### Children's Information

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

### Doctor's Information

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Doctor's Office Phone: \_\_\_\_\_ Doctor's Emergency Phone: \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Allergies (Other): \_\_\_\_\_

If applicable, please note the conditions for which the child is currently receiving treatment:

\_\_\_\_\_

Note any other significant medical information:

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**Dentist's Information**

Dentist's Name: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Dentist's Office Phone: \_\_\_\_\_ Dentist's Emergency Phone: \_\_\_\_\_

Dentist's Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

***Parent(s)/Legal Guardian(s):***

Parent #1:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

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Parent #2:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

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***Temporary Guardian(s):***

**Temporary Guardian #1:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

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**Temporary Guardian #2:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

1. I hereby declare that I have legal custody of the above named child.
2. I hereby grant the temporary guardian my full authorization to make all decisions related to my child's participation at the HOMESCHOOLERS IN SERVICE homeschool coop.
3. I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
4. This authorization is effective commencing on the 1<sup>st</sup> day of September 2020 and expiring on the 1<sup>st</sup> day of May 2021.
5. In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural. Under penalty of perjury under the laws of the state of Missouri, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Parent 1's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT OF TEMPORARY GUARDIAN**

I hereby acknowledge the terms set forth above and agree to assume responsibility in accordance with those terms. Under penalty of perjury under the laws of the state of Missouri, I attest to the truthfulness, accuracy, and validity of the forgoing statement.

Temporary Guardian 1's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Guardian 2's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date: \_\_\_\_\_