

## TEMPORARY MEDICAL GUARDIANSHIP

### To Whom It May Concern:

I (we) the undersigned \_\_\_\_\_ are the natural parents or legal guardians \_\_\_\_\_. During our absence he/she has been placed in the temporary care of \_\_\_\_\_, who is/are empowered by this statement to call for and authorize medical care and assistance in the event of injury, accident or illness involving our child or children. It is my (our) intention that this statement serves as authorization for such medical care to be administered during the following period of time:

Beginning date \_\_\_\_\_ through the Ending date \_\_\_\_\_

In the event that further medical consultation is required the physicians who have most recently examined the child/children are:

\_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Last Tetanus Vaccine: \_\_\_\_\_

List of known allergies: Drugs: \_\_\_\_\_ Foods: \_\_\_\_\_

Previous diagnoses and history: \_\_\_ convulsions \_\_\_ kidney ailment \_\_\_ diabetes  
\_\_\_ asthma \_\_\_ bronchitis \_\_\_ heart ailments \_\_\_ tuberculosis \_\_\_ epilepsy

List names and doses of all regular medications: \_\_\_\_\_

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Insurance information (optional but recommended) \_\_\_\_\_

In case of emergency, the following person/people is/are also authorized to give consent for treatment if the parent/legal guardian cannot be reached:

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

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

Parent/Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Emergency contact dates, location and numbers for parents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_