

AUTHORIZATION FOR TEMPORARY GUARDIANSHIP OF A MINOR CHILD

Child's Personal & Medical Information			
Full Legal Name			
Date of Birth		Gender	M_____ F_____
Height		Weight	
Address & Phone Number (if different from parent/guardian)			
Social Security Number			
Known Medical Conditions	<i>Give details – if none, indicate that there are none.</i>		
Allergies	<i>Give details – if none, indicate that there are none.</i>		
Is the child on medication?	Yes _____ No _____ <i>If yes, give details of the medication and the dosage.</i>		
Family Doctor	Name Address Phone Number Emergency Phone		
Medical Insurer / Health Plan		Policy / Health Care Number	

THIS IS A 5-PAGE DOCUMENT.