All About Kids Pediatrics, P.C.
Temporary Medical Guardianship

To Whom It May Concern:
During my absence the following person(s) will be caring for my child/children:

PERSON(S) RESPONSIBLE FOR THE CARE OF MY CHILDREN DURING THE TIME PERIOD LISTED BELOW:

Name: _____/_____
LAST Name FIRST Name MIDDLE Name Relationship to you

Name: _____/_____
LAST Name FIRST Name MIDDLE Name Relationship to you

CHILDREN'S INFORMATION:

Name: _____/_____
LAST Name FIRST Name MIDDLE Name Date of Birth

Name: _____/_____
LAST Name FIRST Name MIDDLE Name Date of Birth

Name: _____/_____
LAST Name FIRST Name MIDDLE Name Date of Birth

I give permission for the person(s) listed above to sign for any medical treatment deemed necessary.

LEGAL GUARDIAN INFORMATION:

Name: _____
LAST Name FIRST Name MIDDLE Name

Contact number or information where you can be reached, if there is an emergency during your absence: _____

Time period this "TEMPORARY MEDICAL GUARDIANSHIP" is in effect:
_____/_____
Beginning Date Ending Date

_____
Signature of Legal Guardian Date
Original signature required
****

Sworn to and subscribed before me on: _____
Date

_____
NOTARY PUBLIC