To Whom It May Concern:

I am the parent of and I do hereby give my permission to and appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as temporary guardian(s) of my minor child(ren) during the time period through only to make necessary decisions about my child(ren)’s health care. Said temporary guardian(s) shall have all of the rights to choosing and authorizing medical treatment for my child(ren) during this time period as I have as a parent.

 Sincerely,

 Parents Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF
COUNTY OF

In\_\_\_\_\_\_\_\_\_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_, before me, a Notary Public in and for the above state and county, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, known to me or proved to be the person named in and who executed the foregoing instrument, and being first duly sworn, such person acknowledged that he or she executed said instrument for the purposes therein contained as his or her free and voluntary act and deed.

(SEAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 NOTARY PUBLIC
 My Commission Expires: \_\_\_\_\_\_\_\_

OR FOR INTERNATIONAL STUDENTS:

Legal verification of parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent Date