

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