

Parental Consent to Temporary Guardianship

I/We, _____ of (Town) _____ Community, mailing address (P.O. Box) _____, (State) _____, (Zip) _____, is the legal guardian of the minor child(ren).

1. _____ Date of Birth: _____
2. _____ Date of Birth: _____
3. _____ Date of Birth: _____
4. _____ Date of Birth: _____
5. _____ Date of Birth: _____

I/We authorize (Guardian) _____ of Navajo Mountain, Arizona/Utah, mailing address (P.O. Box) _____, Tonalea, Arizona, 86044 who are adults to assume custody of my child(ren) for the period of (Date) _____ to _____ and to act with full Parental Authority on any matter.

This temporary custody authorizes consent to Licensed Physicians, Surgeons, or Dentists, to provide medical, surgical, and dental treatments to the minor child(ren). And, to the assigned adult(s) to act on my behalf in making defined decisions toward the child(ren)'s Educational Welfare.

I have given this consent of my own free will:

_____ & _____
Legal Guardian

Subscribed and sworn to before me this _____ day of (Month) _____,
(Year) _____.

Notary Public