

LETTER OF GUARDIANSHIP (must be 18 yo & older) – EMERGENCY RELEASE

I,, give permission for
..... to temporarily act as guardian for my minor child,
..... on the set of..... on this date
..... Ending date.....

My Child's Information:

SS#.....-.....-..... D.O.B.....

Home Phone: ().....

Home Address:

Mother's Name:

Mother's Cell # ().....

Mother's Work # ()..... ext.....

Mother's Pager # ().....

Father's Name:

Father's Cell # ().....

Father's Work # ()..... ext.....

Father's Pager # ().....

Medical Insurance Information:

Insurance Company..... Insured:.....

Group #..... Policy #.....

Relation to Insured:.....

Primary Doctor of minor child:.....

Doctor's Phone # ().....

Any Allergies or other medical information?.....

Another Contact, in case of emergency, would be:.....

Relationship to the family?.....

His/Her phone # ().....().....

The above mentioned temporary guardian(s) may seek ANY emergency medical care or decision making needed for my minor child. This release remains effective until

Parent or Legal Guardian's Signature.....

Date:.....