

Hampton County School District
Temporary Guardianship Agreement / Custodial Parent
(Giving School Guardianship)

JFAA-F

I, _____, as the custodial parent of:

List the Full Names of Each Child	List Each Child's Date of Birth

Do hereby grant temporary guardianship of the above listed children to:

List the Full names of the individual(s) to whom you are granting temporary custody	Relationship to the child	List Primary Phone Number

Physical Address of the Guardian:

Statement of Consent: (To be signed in the presence of a legalized notary public)

I, as the custodial parent of the above named children, hereby grant temporary guardianship of the above children whom I have legal custody of to the above named individuals:

- From _____ to _____
MM/DD/YYYY MM/DD/YYYY
- For as long as necessary, beginning on _____
MM/DD/YYYY

In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make educational decisions for my child/children.

Signature of Parent: _____ Date: _____

Sworn and subscribed before me this ___ day of _____, 20___. The above named custodial parent personally appeared before me and in my presence has satisfactorily identified him/herself as the signer of the Temporary Guardianship Form.

(Notary public)

My commission expires _____.