



Temporary Medical/Dental Consent Form

Date:

Legal Guardian Name:

Address:

Email Address:

Phone Number:

To Whom It May Concern:

I am the parent of _____, (Date of Birth: ____/____/____) and I do hereby give my permission to and appoint _____ as temporary guardian of my minor child during the time period ____/____/____ through ____/____/____ only to make any and all necessary decisions about my child's health care. Said temporary guardian(s) shall have all of the same rights to choosing and authorizing medical/dental treatment for my child during this time period as I have as a parent.

Sincerely,

Signature: _____