## La Misión para Niños Temporary Guardianship Agreement Form

I/We(Parents/ Guardians)	, of _	(s	troot addross)
			as the custodial parent of
(city, state, zip)			
List the Full Name of Each of Your Child	Iren	List Each	Child's Date of Birth
Do hereby grant temporary guardiansl	 hip of the ak	oove listed child/child	Iren to:
List Full Name of Person(s) Being Granted Tempo	orary Custody	List Each Person(s) R	elationship to the Child/ Children
Contact information of temporary gua			
Address:			
Phone Number:			
Statement of Consent: (To be signed in ,(Parents/ Guardians) above children, whom I have legal customers.		, hereby grant temp	
_	olody of to	(Temp	orary Guardians)
Signature:(Temporary Guard	dian)	Date:	
☐ From		to	
(mm/dd/yyyy)			nm/dd/yyyy)
$\Box$ For as long as necessary, beginnin	ig on		
3, 3,	·	(mm/dd/y	yyy)
In addition, in the event of an emergency of permission for any and all medical and/or de accidental injury or illness. This permission in an ambulance, and the administration of ane personnel. I also grant permission for the child/children. I do also allow them to take n	ntal attention cludes, but is esthesia and/o ne guardian(s)	to be administered to my not limited to, the admin r surgery, under the reco named above to make o s the border into Mexico	y child/children, in the event of a istration of first aid, and the use ommendation of qualified medica educational decisions for my
Signature:		Date:	
Signature:(Parents/ Guardiar	าร)	Date:	
Signature:(Parents/ Guardiar	าร)	Date	
Notarization:			
On this day of (date)			
(date)	(month)	(year)	(name of parent)
personally appeared before me in		(city)	(state)
and, in my presence, has/have satisfa			
this Temporary Guardianship Form. Name of Notary Official:	-		Affix Notary Soci
Signature: Commission Expires:			<del></del>
CUITITIISSIUTI EXPITES.			