EARLY LEARNING COALITION of SEMINOLE

Temporary Guardianship Agreement
All Sections of this form must be completed

I,_____(___/___/_____), of _____
(print your full name) (social security number) (street)

_____, as the custodial parent of:
(city, state, zip)

List the full names of each child	List each child's birth date

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	List each person's relationship to the child(ren)

Contact information of temporary guardians listed above:
Address: _____ Phone

numbers: _____

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

I,_____, *hereby grant temporary guardianship of the above children, whom I have legal custody of to* _____:

☐ 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.

I certify under the penalty of perjury (a first degree misdemeanor punishable by a definite term of imprisonment, not exceeding one year and/or a fine not exceeding $1,000 pursuant to s. 837.012, or 775.082, or 775.083, F.S.) the self-employment information and documentation provided is true and complete to the best of my knowledge.

I am aware that if I knowingly provide false information I may be prosecuted for fraud. I may be required to pay back financial assistance received for the above child from the county or state if the child is determined ineligible.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notarization:

On this_____day of_____,_____, _____
(date) *(month)* *(year)* *(name of parent)*

personally appeared before me in_____,_____and, in my presence,
(city) (state)

has/have satisfactorily identified him/her/themselves as the signer(s) of this Temporary Guardianship Form.

Affix Notary Seal Here

Name of Notary Official: _____

Signature:_____Commission Expires: _____

Rev 8/11/25