

Letter of Guardianship

BEFORE ME, the undersigned authority, personally came and appeared:

_____ who did say
(Parent Name)

that they are the parent of _____ who is a minor. They do
(Child's Name)

hereby give permission to _____ commencing on
(Guardian Name)

_____ and ending _____
(Beginning Date) (Ending Date)

to have full rights of guardianship, including such matters as to authorize medical treatment of any necessary nature, sign documents of any type, obtain lodging and do all the things that I as a parent and/or legal guardian may do.

Parent Signature

STATE OF: _____

COUNTY OF: _____

Before me, a Notary Public, in and for said County and State, personally appeared _____

_____ who acknowledged the execution of the foregoing, and who having been duly sworn, stated that the representations therein contained are true.

Witness my hand and Notaries Seal this _____ day of _____ 20 _____.

Signature

Printed Name

My Commission Expires