



Temporary Guardianship Appointment / Power of Attorney

I. For the student named _____ (hereinafter known as the “Child”), I/We, _____ the parent(s) with a street address of _____ State of _____, Country of _____.

II. I/We hereby appoint _____ with a street address of _____ State of _____, Country of _____ (hereinafter referred to as “Temporary Guardian”). The Temporary Guardian can be reached by:

Email: _____ Phone number: _____

III. I/We delegate to the Temporary Guardian the powers of all authority that I have as the minor’s parent/guardian legal under the State of New York. This permission includes, but is not limited to, the administration for any and all medical and/or dental attention to be administered to my child/children, 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 temporary guardian(s) to make educational decisions for my child/children and any school trips, club or athletic event or team and for any other reason.

IV. This power of attorney document shall be governed under the laws in the State of New York and shall commence on the ___ day of _____, 20___ and end on ___ day of _____, 20___. This document can be terminated at any time by completing a revocation or by creating a new minor power of attorney form.

THE SIGNATURE(S) BELOW MUST BE NOTARIZED.

Both parents/legal guardians must sign this appointment:

Name: _____	Name: _____
Signature: _____	Signature: _____
Date: _____	Date: _____

Notarization Certificate

State of _____

County of _____

On this ___ day of _____, 20___, before me appeared _____, the Parent(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

(Notary Seal)

Signature of Notary Public



WITNESS AFFIRMATION STATEMENTS

I witnessed the execution of this Power of Attorney by the parent(s) and I declare that the person(s) who signed or acknowledged this document is/are personally known to me, that he/she/they signed or acknowledged this Temporary Guardianship Appointment in my presence, and that he/she/they appear to be of sound mind and under no duress, fraud, or undue influence.

WITNESS 1		
Witness Printed Name	Witness Signature	Date

WITNESS 2		
Witness Printed Name	Witness Signature	Date

NOTARY ACKNOWLEDGMENT

State of _____

_____ County, ss.

On this ____ day of _____, 20____, before me appeared

_____, the Witness(s) who proved to me through government issued photo identification to be the above-named person(s), in my presence executed the foregoing instrument and acknowledged that (s)he executed the same as his/her free act and deed.

Printed Name: _____

Signature: _____

(notary seal)

My Commission Expires: _____