

Guardianship Authorization

MINOR

Name: _____
Birthdate: _____ Age: _____ Year in School _____

MOTHER

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work phone: _____

FATHER

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work phone: _____

PROPOSED GUARDIAN(S)

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work phone: _____
Relationship to minor: _____

Name: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work phone: _____
Relationship to minor: _____

In case of emergency, if proposed guardian cannot be reached, please
contact: _____ Phone: _____

Authorization And Consent Of Parent(s)

1. I affirm that the minor indicated above is my child and that I have legal custody of her/him. I give my full authorization and consent for my child to live with the proposed guardian(s), or for the proposed guardian to set a place of residence for my child.
2. I give the proposed guardian permission to act in my place and to make decisions pertaining to my child's educational and religious activities, including, but not limited to enrollment, permission to participate in activities and consent for medical treatment at school.

3. I give the proposed guardian permission to authorize medical and dental care for my child, including, but not limited to, medical examinations, X-rays, tests, anesthetic, surgical operations, hospital care or other treatments that, in the proposed guardian's sole opinion, are needed or useful for my child. Such medical treatment shall only be provided upon the advice of, and supervision by, a physician, surgeon or dentist or other medical practitioner licensed to practice in the United States.
4. I give the proposed guardian permission to apply for benefits on my child's behalf, including, but not limited to, Social Security, public assistance, health insurance, and Veterans' Administration benefits.
5. I give the proposed guardian permission to apply and obtain for my child any or all of the following: Social Security number, Social Security card, and U.S. passport.
6. This authorization shall cover the period from _____ to _____.
7. During the period when the proposed guardian cares for my child, the costs of my child's upkeep, living expenses, medical and dental expenses shall be paid as follows:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Mother's signature: _____ Date: _____

Father's signature: _____ Date: _____

Consent Of Proposed Guardian

I solemnly affirm that I will assume full responsibility for the minor who will live with me during the period designated above. I agree to make necessary decisions and to provide consent for the minor as set forth in the above Authorization & Consent by Parent(s). I also agree to the terms of the costs of the minor's upkeep, living expenses, medical and/or dental expenses set forth in the above Authorization and Consent of Parent(s).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Proposed Guardian's Signature: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

On _____, before me, the undersigned, a Notary Public, in and for said county and state, duly commissioned and sworn, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument, and acknowledged to me that s/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS MY HAND AND OFFICIAL SEAL.

STATE OF CALIFORNIA)
) ss.
COUNTY OF SANTA CLARA)

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