

# 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: \_\_\_\_\_

