



**LIFE CHRISTIAN ACADEMY – TACOMA, WA**

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**AUTHORIZATION AND CONSENT OF PARENTS FOR TEMPORARY GUARDIANSHIP OF MINOR**

**STUDENT**

Full Legal Name (print): \_\_\_\_\_

	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
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Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Current Age: \_\_\_\_      Gender: \_\_\_ Male \_\_\_ Female  
                                  Month    Day    Year

**PARENT(S) / LEGAL GUARDIAN(S):**

**FATHER:**

Full Name (Print): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Province, Country, Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**MOTHER:**

Full Name (Print): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Province, Country, Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Pager: \_\_\_\_\_

Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**TEMPORARY GUARDIAN (Host Father)**

Full Name (print): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**TEMPORARY GUARDIAN (Host Mother)**

Full Name (print): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

**AUTHORIZATION AND CONSENT OF PARENTS FOR TEMPORARY GUARDIANSHIP**

- 1) I hereby declare that I have legal custody of \_\_\_\_\_.  
Student Full Legal Name
  
- 2) I hereby grant my full permission and consent for the temporary guardian to establish a place of residence for my child, and for my child to reside and travel with said temporary guardian.
  
- 3) I hereby grant the temporary guardian my full authorization to make all decisions related to my child's educational, religious, and recreational activities and undertakings.
  
- 4) I hereby grant the temporary guardian my full authorization to administer general first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the temporary guardian to summon any and all professional emergency personnel to attend, transport, and treat the participant and to issue consent for any x-rays, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.
  
- 5) This authorization is effective commencing on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ and expiring on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.
  
- 6) For the duration that the temporary guardian cares for my child, the costs associated with my child's maintenance, living expenses, medical, and dental expenses shall be allocated and paid as follows:  
\_\_\_\_\_
  
- 7) In the event that more than one legal guardian exists, the use of the singular shall incorporate the plural. In the event that more than one temporary guardian is named, the use of the singular shall incorporate the plural.

I hereby acknowledge the terms set form above and authorize and consent to temporary guardianship in accordance with those terms. Under penalty of perjury under the laws of the State of Washington, I attend to the truthfulness, accuracy, and validity of the foregoing statement.

Parent 1 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

Date: \_\_\_\_\_