

Power of Attorney for Temporary Guardianship

Date: [Insert Date]

To Whom It May Concern,

This letter serves as a legal notification that I, **[Parent/Guardian Name(s)]**, hereby grant **[Temporary Caregiver's Full Name]**, residing at **[Address]**, the authority to act as the temporary guardian for my minor child(ren):

1. **[Child's Full Name]** (Date of Birth: **[MM/DD/YYYY]**)
2. **[Child's Full Name]** (Date of Birth: **[MM/DD/YYYY]**)
[Add additional children as necessary.]

Scope of Authority

In the event of my detention or other emergency circumstances that prevent me from caring for my child(ren), I grant **[Temporary Caregiver's Name]** the authority to:

1. Make decisions regarding the health, education, and welfare of my child(ren).
2. Authorize medical treatment or care as necessary.
3. Make arrangements for schooling or daycare.
4. Access pertinent records such as medical or educational records related to my child(ren).

This authority is granted effective **[Start Date]** and shall remain in effect until **[End Date]**, unless revoked by me in writing prior to this date.

Parent/Guardian Contact Information

Parent/Guardian Name(s): [Full Name(s)]

Address: [Address]

Phone Number: [Phone Number]

Email Address: [Email Address]

Acknowledgment by Temporary Caregiver

I, **[Temporary Caregiver's Name]**, accept the responsibility of acting as the temporary guardian for the child(ren) named above in accordance with the terms outlined in this document.

Temporary Caregiver Signature: _____

Date: _____

Signature of Parent(s)/Guardian(s)

I affirm under penalty of perjury that the information provided in this document is true and accurate.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature (if applicable): _____

Date: _____

Notarization

This document must be notarized to be legally binding.

State of [State], County of [County]:

On this [Day] of [Month, Year], before me, [Notary Public's Name], personally appeared [Parent/Guardian Name(s)], who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged that they executed the same for the purposes therein contained.

Notary Public Signature: _____

My Commission Expires: _____

Important Notes:

1. **Legal Advice:** Laws vary by state, so it's advisable to consult with an attorney to ensure compliance with local laws.
2. **Distribution:** Provide copies to the temporary caregiver, schools, and healthcare providers as needed.