



Lake Forest Pediatric Associates

Lake Bluff • Lindenhurst • Vernon Hills

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TEMPORARY GUARDIANSHIP FORM

We, _____ and _____, the parents of
(father) (mother)

(name of minor child)

Have temporarily given the guardianship of said child to:

(name of guardian or guardians)

The named guardians have full authority to sign and approve any emergency medical care that the above mentioned child may require during our absence.

Our address and phone number, should notification be necessary because of serious illness, is as follows:

Telephone: _____

This release is effective from _____ to _____
(date) (date)

Important medical information for child:

Allergies: _____

Known medical illnesses: _____

Medications currently being taken: _____

Date of last tetanus shot: _____

Name/phone number of family physician: _____

Signature of Father _____ Date _____

Signature of Mother _____ Date _____