



# Lake Forest Pediatric Associates

Lake Bluff • Lindenhurst • Vernon Hills

## 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 \_\_\_\_\_