**Authorization of Temporary Guardianship**

THE PARTIES TO THIS AGREEMENT ARE:

* THE PARENT / GUARDIAN
* THE TEMPORARY GUARDIAN

**THE PARENT(s) / GUARDIAN(s)**

|  |  |  |
| --- | --- | --- |
| Full Name: | IC / Passport Number: | Mobile / Hand Phone No.: |
| Full Name: | IC / Passport Number: | Mobile / Hand Phone No.: |
| Address: |
| Email Address: | Home Phone Number: |

(hereinafter referred to as "the Parent / Guardian")

**THE CHILD**

|  |  |
| --- | --- |
| Full Name: | IC / Passport Number: |
| Date of Birth: (DD/MM/YYYY) |
|

 (hereinafter referred to as "the Child")

**THE TEMPORARY GUARDIAN(s)**

|  |  |  |
| --- | --- | --- |
| Full Name: | IC / Passport Number: | Mobile / Hand Phone No.: |
| Full Name: | IC / Passport Number: | Mobile / Hand Phone No.: |
| Address: |
| Email Address: | Home Phone Number: |

 (hereinafter referred to as "the Temporary Guardian")

***I***, the ***Parent/Guardian*** of the ***Child*** hereby grant temporary guardianship to the ***Temporary Guardian*** for the period from the ***2nd day of December 2017*** and expiring at the end of the ***2nd Day of December 2017***.

1.    I hereby acknowledge that the ***Child*** may travel with the ***Temporary Guardian***.

2.    I authorize the ***Temporary Guardian*** to act on my behalf in making all decisions on a daily basis as to the ***Child's*** activities.

3.    I authorize the ***Temporary Guardian*** to administer general first aid treatment for minor injuries or illnesses experienced by the ***Child*** except where any such first aid treatment is specifically excluded hereunder:

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4.    I authorize the ***Temporary Guardian***, in the event that I cannot be contacted or if any urgency dictates, to act in loco parentis for the ***Child*** in respect of any circumstances, including any accident or illness, which may necessitate medical treatment, including surgery, and on my behalf to authorize any such treatment or surgery which they, in their sole discretion, (which discretion shall not be unreasonably exercised), may deem necessary. Medical treatment for the ***Child*** may also include dental surgery, x-ray, blood transfusion, anesthetic and medication provided any such medical treatment is performed by a duly licensed practitioner. I hereby accept full liability for all costs incurred through such medical treatment for the ***Child***.

5.    Persons responsible should please note the following: (Please state aspects eg. allergies, tendency towards abnormal bleeding, epilepsy, etc.) N/A

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|  |

 Present prescribed, or other medication that is being administered:

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6.    The following information is essential in case of medical treatment or hospitalization:

    6.1.    Name and Address of Employer:

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    6.2.    Medical Aid / Insurer:

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| --- |
|  |

    6.2.    Policy Number:

|  |
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7.    I indemnify the ***Temporary Guardian*** against any and all claims whatsoever and howsoever arising, save where such claims arise from negligence, gross negligence or willful intent during the specified period of Temporary Guardianship.

8.    I declare that I am the legal custodian of the ***Child*** and that I have legal authority to appoint a ***Temporary Guardian*** for the ***Child***.

9.    Unless inconsistent with the context, words signifying the singular shall include the plural and vice versa.

Signed on this \_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_2017.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian)**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent / Guardian)**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Temporary Guardian)**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Temporary Guardian)**

**WITNESS 1:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**WITNESS 2:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**