



Anura Lawson's High School

Abroad Program

## **Temporary Guardianship Form and Parental Consent Form**

**THE PARTIES TO THIS AGREEMENT ARE:**

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

Full Name and Surname:

---

Identity / Social Security or Other (Specify) number:

---

Full Name and Surname:

---

Identity / Social Security or Other (Specify) number:

---

Physical Address:

---

---



Anura Lawson's High School

## Abroad Program

Contact Details:

---

---

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

### **THE CHILD**

Full Name and Surname:

---

Birth Date / identifying numbers:

---

(hereinafter referred to as "the Child")

### **THE TEMPORARY GUARDIAN(s)**

Full Name and Surname:

---

Identity / Social Security or Other (Specify) number:

---

Full Name and Surname:



Anura Lawson's High School

## Abroad Program

---

Identity / Social Security or Other (Specify) number:

---

Physical Address:

---

Contact Details:

---

(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 \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ and expiring on the

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

1. I hereby acknowledge that the Child will reside with the Temporary Guardian and may travel locally with the Temporary Guardian.
2. I authorize the Temporary Guardian to act on my behalf in making all



Anura Lawson’s High School

Abroad Program

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:

\_\_\_\_\_

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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Present prescribed, or other medication that is being administered:

\_\_\_\_\_  
\_\_\_\_\_

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



Anura Lawson's High School

## Abroad Program

6.1. Name and Address of Employer:

---

---

6.2. Medical Aid / Insurer:

---

6.2. Policy Number:

---

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 at \_\_\_\_\_ on this \_\_\_\_\_ day of  
\_\_\_\_\_ 20\_\_\_\_

**PRINT Parent/Guardian FULL NAME:**

---

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



Anura Lawson's High School

Abroad Program

**PRINT Parent/Guardian FULL NAME:**

\_\_\_\_\_

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

**PRINT NOTARIES FULL NAME:** \_\_\_\_\_

**NOTARY SIGNATURE AND SEAL STAMP:**

\_\_\_\_\_

**PRINT WITNESS FULL NAME:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_