

# Temporary Guardianship Agreement for Medical Decisions

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Your Full Name]**, residing at **[Your Address]**, am the parent/legal guardian of **[Child's Full Name]**, born on **[Child's Date of Birth]**.

Due to **[Reason for Temporary Guardianship]**, I hereby grant temporary guardianship to **[Guardian's Full Name]**, residing at **[Guardian's Address]**, to make medical decisions on behalf of my child.

This temporary guardianship is effective from **[Start Date]** until **[End Date]** or until I revoke this agreement in writing.

During this period, I authorize the designated guardian to:

- Make medical decisions for **[Child's Name]** including, but not limited to, surgical procedures, medical treatments, and medications.
- Access medical records and information pertaining to my child's health.

Signed,

\_\_\_\_\_  
[Your Full Name]  
[Your Signature]

\_\_\_\_\_  
[Guardian's Full Name]  
[Guardian's Signature]

Witnessed by:

\_\_\_\_\_  
[Witness's Full Name]  
[Witness's Signature]