

# Temporary Guardianship Disclosure for Health Care Decisions

Date: [Insert Date]

To Whom It May Concern,

I, [Your Full Name], residing at [Your Address], hereby declare that I have appointed [Guardian's Full Name] as my temporary guardian for health care decisions regarding [Ward's Full Name], who is a minor and resides at [Ward's Address].

This guardianship is in effect from [Start Date] until [End Date] or until revoked by me in writing.

As the temporary guardian, [Guardian's Full Name] is authorized to make health care decisions on behalf of [Ward's Full Name]. This authority includes, but is not limited to, making decisions related to medical treatment, surgical procedures, and end-of-life care.

For verification, my contact information is as follows:

- Phone: [Your Phone Number]
- Email: [Your Email Address]

Sincerely,

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[Your Full Name]

[Your Signature]