

**ADVENTURER TEMPORARY GUARDIANSHIP AGREEMENT**

I (print your full name), \_\_\_\_\_,  
of (street address) \_\_\_\_\_,  
(city, state, zip) \_\_\_\_\_,

as the custodial parent/guardian of:

List the full names of each child and their birth date:

- 1. \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 2. \_\_\_\_\_ D.O.B. \_\_\_\_\_
- 3. \_\_\_\_\_ D.O.B. \_\_\_\_\_

Do hereby grant temporary guardianship of the above listed children for the purpose of attending Adventurer meetings and activities to (List full name of the individual[s] and their relationship to the children, i.e. grandparent, friend, etc.):

- 1. \_\_\_\_\_ Relationship: \_\_\_\_\_
- 2. \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact information of temporary guardian(s) listed above:

Address: \_\_\_\_\_  
Phone number(s): \_\_\_\_\_

I grant temporary guardianship of the above children, whom I have legal custody...

From (mm/dd/yyyy) \_\_\_\_\_ to (mm/dd/yyyy) \_\_\_\_\_

OR

For as long as necessary, beginning on (mm/dd/yyyy): \_\_\_\_\_.

Temporary Guardianship's Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

Temporary Guardianship's Printed Name: \_\_\_\_\_

*In addition, in the event of an emergency or non-emergency situation requiring medical treatment, I hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness. This permission includes, but is not limited to, the administration of first aid, and the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel. I also grant permission for the guardian(s) named above to make Adventurer program related decisions for my child/children. I certify that I am the parent or guardian of the child and am over 18 years of age. A copy of this form shall be considered valid and shall serve the same purpose as the original.*

Parent/Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian (Print): \_\_\_\_\_

**This document must be sent to the local church board for a vote.**

Church Board Chair or Pastor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

Church Board Chair or Pastor (Print): \_\_\_\_\_

Document voted on (mm/dd/yyyy): \_\_\_\_\_ Please circle board vote: Approved OR Denied

**\*\*\*The club director needs to keep a copy of this form on file for their records.\*\*\***