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This is a partial preview of our "SHORT-TERM GUARDIAN FORM"

**APPOINTMENT OF
SHORT-TERM GUARDIAN FOR MINOR CHILD(REN) AND
DURABLE HEALTHCARE POWER OF ATTORNEY**

I/We, _____ and

constituting the sole or all of the custodial parent(s) or court-appointed guardian(s) of the
child(ren) named below, and residing at _____

_____ hereby appoint

(1) _____, residing at

_____, with

telephone number(s) _____ and

having the following relationship(s) to me us the minor(s): _____

_____ ; and

(optional) (2) _____, residing at

_____, with

telephone number(s) _____ and

having the following relationship(s) to me us the minor(s): _____

to serve as the short-term guardian(s) over, and health care agents for, the following minor
child(ren) (If more space is needed here or elsewhere, attach additional sheets):

Full name: _____ DOB: _____

Full name: _____ DOB: _____

Full name: _____ DOB: _____

and will become effective (check one):

- immediately;
- on _____, _____, 201__;
- upon the deaths, incapacity, or absence of all parents/guardians listed above; or
- the occurrence of the following triggering event(s): _____

and will terminate upon the earlier to occur of (a) the revocation in writing of any parent/guardian, (b) as required by applicable law, or (c) (check one):

- 60 days;
- on the _____ day of _____, 201__;
- the occurrence of the following triggering event(s): _____

..

Additionally it is my/our intention that, if a court-appointed guardian is required for the child(ren), this document shall additionally serve as a nomination of the above listed short-term guardians, including as a standby guardian if applicable under controlling law, who I/we believe will act in the child(ren)'s best interest. If these nominations are inconsistent with any will I/we have executed, it is my/our intention that these documents be read together if possible and otherwise that this document control unless it has terminated prior to my/our death. Until such legal guardianship is established, this short-term guardianship and power of attorney is intended to be of the person of the child(ren) only, not of their estate(s). It is my/our express intention that the child(ren) not be taken into government child protective custody or foster care, unless all other short-term guardian(s) are exhausted and even then I prefer that other relatives assume custody of the child(ren) unless this box is checked: .

It is my/our intention that this document also qualify as a caregiver authorization affidavit under applicable law, unless I/we have also attached or simultaneously executed such a document(s), in which case that/those document(s) shall instead control with regard to caregiver authorization issues and the documents shall be read together as a harmonious whole wherever possible.

To the maximum extent permissible under applicable law, the short-term guardian(s) will have the same authority as I/we would have with respect to the custody and care of the minor child(ren), except as I/we have specified below, including the right to perform the following acts and make the following decisions, unless I/we have crossed out and initialed the particular power or otherwise specifically excluded it in writing in this document or allowing such a power would invalidate this document, in which case only the offending provisions shall be deemed stricken and ineffective:

To make all emergency and non-emergency healthcare decisions and execute all related documents including insurance and waiver claims and forms, including the right to approve or decline medical, dental, eye care, or psychiatric treatment, diagnostic tests, hospitalization, health care, and personal care, in any situation in which, as the result of

illness, disease, absence, injury, or death I/we are incapable of making or communicating a decision with regard to my/our child(ren)'s medical or dental care, provided that such decisions are made following consultation with one or more licensed physicians or other licensed medical practitioners. I/we further delegate the power to our short-term guardian(s) to select, employ, and discharge health care personnel, including dentists and eye care professionals, for our child(ren)'s benefit and to contract in my/our name and on my/our behalf for all health care services, including emergency and non-emergency medical, dental, vision, and psychiatric care services and related goods. The short-term guardian(s) should refer to any Additional Information we have attached to this document or left with the guardian(s).

To make all decisions, execute all documents, and grant permission regarding the child(ren)'s education, including but not limited to school enrollment, school and extracurricular activities, school trips, and school conferences.

You will receive the complete Short-Term Guardianship and Revocation Form immediately after ordering.