

# APPOINTMENT OF TEMPORARY GUARDIAN FOR MINOR CHILD(REN)

I / We, \_\_\_\_\_ and \_\_\_\_\_,  
Parent's Name (PRINT) Parent's Name (PRINT)

constituting the sole or all of the (CHECK ONE)  custodial parent(s) or  court-appointed guardian(s) of the

child(ren) named below, hereby appoint \_\_\_\_\_, residing at \_\_\_\_\_,  
Guardian's Name (s)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, with \_\_\_\_\_ telephone  
Address City State Phone Number(s)

number(s), to serve as the Temporary Guardian over the following minor child(ren):

- |   |   |
|---|---|
| 1. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> | 4. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> |
| 2. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> | 5. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> |
| 3. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> | 6. _____<br><small>Full Name of Minor Child (PRINT) Date of Birth</small> |

To the maximum extent permissible under applicable law, the above-named temporary guardian(s) will have the necessary authority and power to furnish and provide care and services to said minor as may seem necessary, proper, or desirable in the aforesaid child(ren)'s best interests; 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, and 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.

**Parent(s) must sign this Appointment in the presence of a Notary Public.**

✕ \_\_\_\_\_  
Signature of Above-Named Parent

✕ \_\_\_\_\_  
Signature of Above-Named Parent

**NOTARY ACKNOWLEDGEMENT**  
 State of Wyoming )  
 County of Uinta ) ss.  
 The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by \_\_\_\_\_ and \_\_\_\_\_, who personally appeared  
Parent's Name (PRINT) Parent's Name (PRINT)

appeared before me this day, (CHECK ONE)  personally known to me  proved to me on the basis of satisfactory evidence, and acknowledged that he/she signed and delivered the said instrument as his/her free and voluntary act, for the uses and purposes therein set forth.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public  
 My commission expires \_\_\_\_\_, 20\_\_\_\_\_. (seal)