

Ronald I. Jones M.D., P.C.
Temporary Medical Guardianship

To Whom It May Concern:

During my absence the following person(s) will be caring for my children:

PERSON (S) RESPONSIBLE FOR THE CARE OF MY CHILDREN DURING THE TIME PERIOD LISTED BELOW:

Name: _____ / _____
Last name First name M.I. Relationship to you

Name: _____ / _____
Last name First name M.I. Relationship to you

Children Information:

Name: _____ / _____
Last name First name M.I. Date of birth

Name: _____ / _____
Last name First name M.I. Date of birth

Name: _____ / _____
Last name First name M.I. Date of birth

I give permission for the person (s) listed above to sign for any medical treatment deemed necessary.

Legal guardian information:

Name: _____
Last name First name M.I. Date of birth

Contact number or information where you can be reached, if there is an emergency during your absence: _____ or _____

Time period this "Temporary medical Guardianship" is in effect:

_____ / _____
Beginning date Ending date

Signature of Legal Guardian: _____ Date: _____
(Original signature required)

Subscribed and sworn (or affirmed) before me this _____ day _____, 20____
(Day) (Month) (Year)

(seal)

Notary Public (Notary's Signature)

My Commission Expires: _____